

## **“What’s New” Medical Pharmaceutical Policy June 2018 Updates**

### **MBP 132.0 Avycaz (cefazidime/avibactam)- Updated policy**

Avycaz (cefazidime/avibactam) is a combination cephalosporin/beta-lactamase inhibitor indicated in combination with metronidazole, for the treatment of complicated intra-abdominal infections (cIAI) caused by the following susceptible microorganisms: *Escherichia coli*, *Klebsiella pneumoniae*, *Proteus mirabilis*, *Providencia stuartii*, *Enterobacter cloacae*, *Klebsiella oxytoca*, *Citrobacter freundii* complex and *Pseudomonas aeruginosa* in patients 18 years or older.

Avycaz is also indicated for the treatment of complicated urinary tract infections (cUTI) including pyelonephritis caused by the following susceptible microorganisms: *Escherichia coli*, *Klebsiella pneumoniae*, *Citrobacter koseri*, *Enterobacter aerogenes*, *Enterobacter cloacae*, *Citrobacter freundii* complex, *Proteus spp.*, *Proteus mirabilis*, and *Pseudomonas aeruginosa* in patients 18 years or older.

### **CRITERIA FOR USE: Requires Prior Authorization by Medical Director or Designee**

Avycaz (cefazidime/avibactam) will be considered medically necessary when all of the following criteria are met:

- Medical record documentation of one of the following:
  - A diagnosis of complicated intra-abdominal infection caused by caused by the following susceptible microorganisms: *Escherichia coli*, *Klebsiella pneumoniae*, *Proteus mirabilis*, *Providencia stuartii*, *Enterobacter cloacae*, *Klebsiella oxytoca*, *Citrobacter freundii* complex and *Pseudomonas aeruginosa* OR
  - A diagnosis of complicated urinary tract infections (cUTI) including pyelonephritis caused by the following susceptible microorganisms: *Escherichia coli*, *Klebsiella pneumoniae*, *Citrobacter koseri*, *Enterobacter aerogenes*, *Enterobacter cloacae*, *Citrobacter freundii* complex, *Proteus spp.*, *Proteus mirabilis*, and *Pseudomonas aeruginosa* AND
- Medical record documentation of a creatinine clearance > 50 mL/min AND
- Documentation of patient age ≥ 18 years AND
- Medical record documentation of culture and sensitivity showing the patient’s infection is not susceptible to alternative antibiotic treatments **OR** a documented history of previous intolerance to or contraindication to other antibiotics shown to be susceptible on the culture and sensitivity

**AUTHORIZATION DURATION:** Approval will be given for a duration of 14 days.

**LIMITATIONS:** a quantity limit of 3 vials per day should apply, with total duration of treatment not exceeding 14 days.

### **The following policies were reviewed with no changes:**

- MBP 77.0 Ilaris (canakinumab)
- MBP 84.0 Berinert (C1 esterase inhibitor, human)
- MBP 115.0 Cyramza (ramucirumab)
- MBP 133.0 Signifor LAR (pasireotide LAR)
- MBP 144.0 Tecentriq (atezolizumab)
- MBP 153.0 Zinplava (bezlotoxumab)
- MBP 116.0 Aveed (testosterone undecanoate)