

December 12, 2014

Dear Pharmacist,

The Oklahoma Health Care Authority is engaged in an effort to improve cost effective utilization of Sivextro™ (tedizolid), Dalvance™ (dalbavancin), and Orbactiv™ (oritavancin) antibiotics by our members. The purpose of this fax is to provide updates regarding coverage of these antibiotics.

**Beginning December 15<sup>th</sup> 2014, Sivextro™, Dalvance™, and Orbactiv™ will require prior authorization with the following criteria:**

Sivextro™ Approval Criteria:

1. An indicated diagnosis or infection known to be susceptible to requested agent and resistant to the cephalosporin class of antibiotics, commonly used for diagnosis or infection; and
2. A patient-specific, clinically significant reason why the member cannot use Zyvox® (linezolid) or other cost effective therapeutic equivalent medication(s).
3. A quantity limit of six tablets per six days will apply.

Dalvance™ Approval Criteria:

1. An indicated diagnosis or infection known to be susceptible to requested agent and resistant to the cephalosporin class of antibiotics, commonly used for diagnosis or infection; and
2. A patient-specific, clinically significant reason why the member cannot use vancomycin, Zyvox® (linezolid), or other cost effective therapeutic equivalent medication(s).
3. A quantity limit of two vials per seven days will apply.

Orbactiv™ Approval Criteria:

1. An indicated diagnosis or infection known to be susceptible to requested agent; and
2. A patient-specific, clinically significant reason why the member cannot use vancomycin, Zyvox® (linezolid) or other cost effective therapeutic equivalent medication(s).
3. A quantity limit of three vials per 30 days will apply.

If vancomycin, Zyvox® (linezolid), or other cost effective therapeutic equivalent medication(s) do not meet the patient's specific needs, a prescriber can choose to submit a prior authorization for consideration, along with patient-specific, clinically significant supporting information for use of the non-preferred medication.

Updated versions of prior authorization criteria for cephalosporin antibiotics can be downloaded from [www.okhca.org/rx](http://www.okhca.org/rx), by clicking on "Prior Authorizations," then clicking "Antibiotics."

Thank you for the services you provide to Oklahomans insured by SoonerCare!