

## PRIOR AUTHORIZATION POLICY

**POLICY:** Antibiotics (Injectable) Prior Authorization Policy

**REVIEW DATE:** 10/09/2024

Note: This list is not all-inclusive.

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### OVERVIEW

Injectable antibiotics are used to treat moderate to severe bacterial infections.<sup>1</sup> In addition, injectable antibiotics can be used for prophylactic indications (e.g., before surgeries; in immunocompromised patients [e.g., patients with cancer]).

Recently, some injectable antibiotics are being used with nasal or nebulized corticosteroids to compound nasal rinses and nasal irrigations. There are no data to support the use of these products in this manner.

### POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of the injectable antibiotics listed above, when these products are prescribed in conjunction with nasal or nebulized dosage forms of beclomethasone, budesonide, ciclesonide, flunisolide, fluticasone, mometasone, or triamcinolone. The list of injectable antibiotics in this policy is not inclusive; other injectable antibiotics may also be targeted in this policy. All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days.

**Automation:** This Prior Authorization policy will apply to injectable antibiotics when there is a prescription history of a nasal or nebulized formulation of the selected corticosteroid (beclomethasone, budesonide, ciclesonide, flunisolide, fluticasone, mometasone, triamcinolone) in the past 180 days. Prescriptions for injectable antibiotics without a claims for nasal or nebulized corticosteroids in the past 180 days are excluded from the Prior Authorization policy.

### **RECOMMENDED AUTHORIZATION CRITERIA**

Coverage of injectable antibiotics is recommended in those who meet the following criteria:

#### **FDA-Approved Indication**

1. **Systemic Bacterial Infections (Prophylaxis or Treatment).** Approve for 3 months.

### **CONDITIONS NOT RECOMMENDED FOR APPROVAL**

Coverage of injectable antibiotics is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

### **REFERENCES**

1. Facts and Comparisons® Online. Wolters Kluwer Health, Inc.; 2024. Available at: <https://fco.factsandcomparisons.com/lco/action/login>. Accessed on October 7, 2024. Search terms: aminoglycoside, carbapenem, cephalosporin, glycopeptide, lincosamide, macrolide, oxazolidione, penicillin, quinolone, tetracycline.