

# ACUTE INFECTIOUS DISEASE TREATMENTS



**Included Products: Avycaz (ceftazidime/avibactam), Fetroja (cefiderocol), flucytosine, Nuzyra (omadacycline), Recarbio (imipenem/cilastatin/relebactam), Synercid (quinupristin/dalfopristin), Vabomere (meropenem/vaborbactam), Xacduro (sulbactam/durlobactam)**

*Created: 02/01/2019    Revised: 05/09/2024    Reviewed: 05/05/2024    Updated: 05/09/2024*

*Nonformulary for outpatient benefit. PA required on medical benefit.*

All Diagnoses			
Initial Criteria: All Diagnoses		If yes	If no
1.	Any anti-infective that requires PA and does not have its own criteria falls to this policy. The plan will require evidence to support the use of the anti-infective is medically appropriate and necessary.	Approve for the requested duration.	Do not approve.