Louisiana Medicaid
Cefiderocol (Fetroja®)

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request clinical authorization for cefiderocol (Fetroja®).

Additional Point-of-Sale edits may apply.

Approval Criteria

- The recipient is 18 years of age or older on the date of the request; **AND**
- **ALL** of the following apply and are **stated on the request**:
  - The recipient has ~~a~~ **ONE** of the following ~~diagnosis~~diagnoses:
    - ~~of a~~A ~~c~~Complicated urinary tract infection, including pyelonephritis caused by the following susceptible gram-negative microorganisms: *Escherichia coli*, *Klebsiella pneumoniae*, *Proteus mirabilis*, *Pseudomonas aeruginosa*, and *Enterobacter cloacae* complex; **OR**
    - ~~A h~~Hospital-acquired bacterial pneumonia or ventilator-associated bacterial pneumonia, caused by the following susceptible gram-negative microorganisms: *Acinetobacter baumannii* complex, *Escherichia coli*, *Enterobacter cloacae complex*, *Klebsiella pneumoniae*, *Pseudomonas aeruginosa*, and *Serratia marcescens*; **AND**
  - Culture and sensitivity testing has identified the pathogen and demonstrated susceptibility to the requested medication; **AND**
  - The recipient has limited or no alternative treatment options; **AND**
- By submitting the authorization request, the prescriber attests to the following:
  - The prescribing information for the requested medication has been thoroughly reviewed, including any Black Box Warning, Risk Evaluation and Mitigation Strategy (REMS), contraindications, minimum age requirements, recommended dosing, and prior treatment requirements; **AND**
  - All laboratory testing and clinical monitoring recommended in the prescribing information have been completed as of the date of the request and will be repeated as recommended; **AND**
  - The recipient has no concomitant drug therapies or disease states that limit the use of the requested medication and will not receive the requested medication in combination with any medication that is contraindicated or not recommended per FDA labeling.

Duration of authorization approval: 14 days

Reference

Fetroja (cefiderocol) [package insert]. Florham Park, NJ: Shionogi Inc; ~~November 2019~~September 2020. https://www.shionogi.com/content/dam/shionogi/si/products/pdf/fetroja.pdf

Revision	Date
Policy created	June 2020
Updated diagnosis to include pneumonia and reference	September 2020