



Linezolid (Zyvox®) Prior Authorization of Benefits Form

CONTAINS CONFIDENTIAL PATIENT INFORMATION

Complete form in its entirety and fax to: Prior Authorization of Benefits Center at 1-844-512-9004.

Provider Help Desk: 1-800-454-3730

1. Patient information

2. Physician information

Patient name: _____	Prescribing physician: _____
Patient ID #: _____	Physician address: _____
Patient DOB: _____	Physician phone #: _____
Date of Rx: _____	Physician fax #: _____
Patient phone #: _____	Physician specialty: _____
Patient email address: _____	Physician DEA: _____
	Physician NPI #: _____
	Physician email address: _____

3. Medication

4. Strength

5. Directions

6. Quantity per 30 days

<input type="checkbox"/> Linezolid (preferred)	_____	_____	Specify: _____
<input type="checkbox"/> Zyvox (Nonpreferred)	_____	_____	_____

7. Diagnosis: _____

8. Approval criteria: (Check all boxes that apply. Note: Any areas not filled out are considered not applicable to your patient and may affect the outcome of this request.)

Prior authorization (PA) is required for linezolid. Payment for linezolid will be authorized when there is documentation that:

1. The patient has one of the following diagnostic criteria:
 - a. Vancomycin-resistant Enterococcus (VRE)
 - b. Methicillin-resistant Staph aureus (MRSA)
 - c. Methicillin-resistant Staph epidermis (MRSE)
 - d. Other multiply resistant gram positive infection (e.g. penicillin resistant Streptococcus spp)
2. Patient meets ONE of the following criteria:
 - a. Patient is severely intolerant to vancomycin with no alternative regimens with documented efficacy available*
 - b. VRE in a part of the body other than lower urinary tract**
 - c. Patient discharged on linezolid and requires additional quantity (up to 10 days oral therapy will be allowed)
3. A current culture and sensitivity report is provided documenting sensitivity to linezolid.

* Severe intolerance to vancomycin is defined as:

- Severe rash, immune-complex mediated, determined to be directly related to vancomycin administration
- Red-man's syndrome (histamine-mediated), refractory to traditional counter measures (e.g., prolonged IV infusion, premedicated with diphenhydramine)

**** VRE in lower urinary tract, considered to be pathogenic, may be treated with linezolid if severe renal insufficiency exists and/or patient is receiving hemodialysis or has known hypersensitivity to nitrofurantoin.**

Diagnosis:

VRE

VRE in a body part other than lower urinary tract? Yes No

If no:

Patient has severe renal insufficiency? Yes No

Is patient receiving hemodialysis? Yes No

Does patient have known hypersensitivity to nitrofurantoin? Yes No

MRSA

MRSE

Other multiply resistant gram positive infection (Specify.): _____

Does patient have a severe intolerance to vancomycin?

Yes (Select intolerance below.)

Severe rash, immune-complex mediated, determined to be directly related to vancomycin administration

Red-man's syndrome (histamine-mediated), refractory to traditional counter measures (for example,, prolonged IV infusion, premedicated with diphenhydramine)

No

Was patient discharged on linezolid with additional quantity needed?

Yes; Discharge date: _____

No

Attach a current culture and sensitivity report documenting sensitivity to linezolid.

Additional relevant information: _____

Possible drug interactions/conflicting drug therapies: _____

Attach lab results and other documentation as necessary.

9. Physician signature

Prescriber or authorized signature

Date

Prior Authorization of Benefits is not the practice of medicine or the substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for a patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations, and exclusions. The submitting provider certifies that the information provided is true, accurate, and complete and the requested services are medically indicated and necessary to the health of the patient.

Note: Payment is subject to member eligibility. Authorization does not guarantee payment.