

CRITERIA FOR PRIOR AUTHORIZATION

Zyvox® (linezolid)

PROVIDER GROUP Pharmacy

MANUAL GUIDELINES The following drug requires prior authorization:
Linezolid (Zyvox)

CRITERIA FOR PRIOR AUTHORIZATION FOR LINEZOLID: (must meet all of the following)

- Prior authorization may be approved for one of the following:
 - a) Patient is infected with methicillin in-resistant staphylococcus aureus (MRSA) or vancomycin-resistant enterococcus (VRE) documented by culture and sensitivity results; OR
 - b) Prescribed by an infectious disease specialist for FDA approved indications documented by culture and sensitivity results. If culture and sensitivity is not obtainable, documentation must be provided that supports treatment plan.
- Treatment for infections caused by Gram-negative strains will not be approved. If a concomitant Gram-negative pathogen is documented or suspected, it is critical that specific Gram-negative therapy be initiated at the same time.
- A baseline CBC must be obtained with weekly CBCs for the duration of the treatment.
- Prior authorizations may be approved and renewed (one time) for two weeks (14 days) each.
 - Additional renewals must be approved by the pharmacy program manager.

LENGTH OF APPROVAL: 2 weeks