Request for Prior Authorization for Linezolid (Zyvox)
Website Form – www.highmarkhealthoptions.com
Submit request via: Fax - 1-855-476-4158

All requests for Linezolid (Zyvox) require a prior authorization and will be screened for medical necessity and appropriateness using the criteria listed below.

Drug Name Prior Authorization Criteria:

- Benefit coverage is provided for the following conditions:
- Coverage is provided for Methicillin-Resistant Staphylococcus Aureus (MRSA) skin and soft tissue infections in the presence of the following:
  - Culture and sensitivity reports confirming purulent MRSA or suspected MRSA due to:
    - Chart information describing infection is severe and purulent
    - Treatment failure with a previous trial of penicillin antibiotic
    - Member has risk factors for multi-drug resistant bacteria, which include:
      - Resident of a long-term care facility
      - Uncontrolled diabetes
      - History of recurrent infections to the same site as the current request
      - Cystic fibrosis with pulmonary manifestations
  - Culture and sensitivity reports demonstrate resistance to trimethoprim/sulfamethoxazole, clindamycin, minocycline, and doxycycline, and sensitivity to linezolid, or
  - Documented allergies or treatment failure with all of the following: trimethoprim/ sulfamethoxazole, clindamycin, minocycline, and doxycycline
- Coverage is provided for Methicillin-Susceptible Staphylococcus Aureus (MSSA) skin and soft tissue infections in the presence of the following:
  - Culture and sensitivity reports demonstrate resistance to penicillins, clindamycin, cephalaxin, doxycycline, minocycline, and trimethoprim/ sulfamethoxazole, and sensitivity to linezolid, or
  - Documented allergies or treatment failure with all of the following: penicillins, clindamycin, cephalaxin, doxycycline, minocycline, and trimethoprim/ sulfamethoxazole
- Coverage is provided for Vancomycin-Resistant Enterococcus (VRE) infections in the presence of the following:
  - Confirmed VRE based on culture and sensitivity reports, or
  - Suspected VRE based on recent course of vancomycin and no clinical improvement with or without clinical improvement from intravenous linezolid
- Coverage is provided for Osteomyelitis in the presence of the following:
  - Culture and sensitivity reports demonstrate resistance to trimethoprim/sulfamethoxazole and clindamycin and sensitivity to linezolid, or
Documented allergies or treatment failure with all of the following:
trimethoprim/sulfamethoxazole and clindamycin

- Coverage is provided for Pneumonia, Endocarditis and Septic Arthritis Infections in the presence of the following:
  - When culture and sensitivity reports demonstrate sensitivity to linezolid
- Coverage Duration:
  - MRSA Skin and Soft Tissue Infections:
    - Benefit approved for the requested duration up to a maximum of 14 days as per prescribing guidelines
  - MSSA Skin and Soft Tissue Infections when allergic or intolerant to penicillins, clindamycin, doxycycline, and trimethoprim/sulfamethoxazole:
    - Benefit approved for 14 days as per prescribing guidelines
  - VRE Infections:
    - Benefit approved for 28 days as per prescribing guidelines
  - Pneumonia Infections:
    - Benefit approved for 21 days
  - Septic Arthritis Infections:
    - Benefit approved for 4 weeks
  - Endocarditis:
    - Benefit approved for the requested duration
    - Treatment is generally a minimum of 6 weeks as per clinical guideline
  - Osteomyelitis:
    - Benefit approved for the requested duration
    - Treatment is generally a minimum of 8 weeks as per clinical guideline
- Reauthorization Criteria:
  - Chart documentation of clinical improvement for the indications of endocarditis and osteomyelitis only.
  - Reauthorization provided for the requested duration.