

Priority Health Medicare prior authorization form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: Medicare Part B Medicare Part D
 This request is: Expedited request Standard request

Your request will be expedited if you haven't gotten the prescription and Priority Health Medicare determines, or your prescriber tells us, that your life or health may be at risk by waiting.

Linezolid (Zyvox[®])

Member

Last Name: _____ First Name: _____
 ID #: _____ DOB: _____ Gender: _____
 Primary Care Physician: _____
 Requesting Provider: _____ Prov. Phone: _____ Prov. Fax: _____
 Provider Address: _____
 Provider NPI: _____ Contact Name: _____
 Provider Signature: _____ Date: _____
 Prescriber is an infectious disease specialist
 Prescriber consulted with an infectious disease specialist

Product and Billing Information

Drug product: Zyvox 600 mg tablet **Start date** (or date of next dose): _____
 Zyvox 100 mg/5 mL oral suspension **Date of last dose** (if applicable): _____
 Zyvox 200 mg/100 mL injection **Dosing frequency:** _____
 Linezolid 600 mg tablet
 Linezolid 100 mg/5 mL oral suspension
 Linezolid 200 mg/100 mL injection

Precertification Requirements

The following requirements need to be met before this drug is covered by Priority Health Medicare. These requirements have been approved by the Centers for Medicare and Medicaid Services (CMS), but you may ask us for an exception if you believe one or more of these requirements should be waived.

1. Fax a copy of culture and sensitivity results to Priority Health showing the patient's infection is not susceptible to alternative antibiotic treatments
2. Prescriber must be an infectious disease specialist or have consulted with an infectious disease specialist
3. Patient has one of the following conditions:
 - a. Vancomycin-resistant *Enterococcus faecium* (VRE) infection
 - b. For documented methicillin-resistant *Staphylococcus aureus* (MRSA) one of the following is required:
 - i. Therapeutic trial of vancomycin IV
 - ii. Patient has history of severe intolerance to vancomycin as defined by one of the following: hypersensitivity rash determined to be directly related to vancomycin administration, or Red-man's syndrome (histamine-mediated) refractory to traditional counter measures
 - iii. MRSA isolates have a vancomycin MIC greater than or equal to 2 mcg/mL
 - iv. Patient has severe renal insufficiency (serum creatinine levels required).
4. Not using a medication that is contraindicated with linezolid

When authorized, Priority Health will cover a maximum of 28 days of treatment for VRE and 14 days for other diagnoses.

Medically accepted indication

This drug is only covered under Medicare Part D when it is used for a medically accepted indication. A medically accepted indication is a use of the drug that is *either*:

- approved by the Food and Drug Administration. (That is, the Food and Drug Administration has approved the drug for the diagnosis or condition for which it is being prescribed.)
- — or — supported by certain reference books. (These reference books are the American Hospital Formulary Service Drug Information and the DRUGDEX Information System)

Priority Health Precertification Documentation

A. What condition is this drug being requested for?

- Vancomycin-Resistant *Enterococcus faecium* (VRE) infection
- Methicillin-Resistant *Staphylococcus aureus* (MRSA)
- Other – the patient’s condition is: _____

Rationale for use: _____

B. Was a culture completed?

- Yes No

C. Was antibiotic susceptibility determined?

- Yes (fax results with this prior authorization request)

Note: susceptibility results must show infection is not susceptible to alternative antibiotics

- No – rationale for use: _____

D. Were other antibiotics were previously used that were not successful in treating the patient’s current infection?

- Yes, other drugs used include:

Drug: _____	Date: _____	Outcome: _____
Drug: _____	Date: _____	Outcome: _____
Drug: _____	Date: _____	Outcome: _____

- No other antibiotics have been used for the patient’s current infection

E. If the patient has MRSA, which of the following apply?

- Patient has tried intravenous vancomycin.
(Note: Intravenous vancomycin is covered under the patient’s medical benefit and no prior authorization is required. If home healthcare is needed, contact the Priority Health medical department for authorization.)
- Patient has history of severe intolerance to vancomycin because of:
 - Hypersensitivity rash determined to be directly related to vancomycin administration
 - Red-man’s syndrome (histamine-mediated), refractory to traditional counter measures
 - MRSA isolates have a vancomycin MIC \geq 2 mcg/mL. Fax a copy of the susceptibility results
 - Patient has severe renal insufficiency. **The patient’s serum creatinine level is: _____ mg/dL**

F. Does the patient have an allergy to alternative antibiotic therapies?

- Yes (describe reaction)

Drug: _____	Reaction: _____
Drug: _____	Reaction: _____
Drug: _____	Reaction: _____
Drug: _____	Reaction: _____

- No

G. Is the patient taking any medications that interact with or are contraindicated when used with linezolid?

- Yes (authorization will not be given for patients taking any medications below that interact with or are contraindicated with linezolid):

- dopamine
- bupropion
- buspirone

- MAOI (e.g. Nardil, tranylcypromine, Marplan)
- meperidine
- SNRI (e.g. venlafaxine, duloxetine, Pristiq)
- SSRI (e.g. fluoxetine, paroxetine, citalopram, sertraline, escitalopram)
- sympathomimetic agents (e.g. pseudoephedrine, phenylephrine)
- tricyclic antidepressant (e.g. doxepin, amitriptyline, clomipramine, nortriptyline)
- triptans (e.g. sumatriptan, naratriptan, frovatriptan, rizatriptan, eletriptan, zolmitriptan)

No

Priority Health Medicare exception request

Do you believe one or more of the prior authorization requirements should be waived? Yes No

If yes, you must provide a statement explaining the medical reason why the exception should be approved.

Would linezolid likely be the most effective option for this patient?

Yes No

If yes, please explain why: _____

If the patient is currently using linezolid, would changing the patient's current regimen likely result in adverse effects for the patient?

Yes No

If yes, please explain: _____
