

# Priority Health Medicare Prior Authorization Criteria (Part D)

## Linezolid

### Products affected

- Linezolid INJ 600MG/30ML
- Linezolid SUSR
- Linezolid TABS

### Details

<b>Covered uses</b>	All medically accepted indications not otherwise excluded from Part D.
<b>Exclusion criteria</b>	Linezolid will not be authorized in patients taking any of the following interacting/contraindicated medications: dopamine, SSRIs, SNRIs, tricyclic antidepressants, MAOIs, bupropion, sympathomimetic agents, triptans, meperidine, buspirone.
<b>Required medical information</b>	Fax copy of culture, determination of antibiotic susceptibility (fax copy must be provided).
<b>Age restrictions</b>	N/A
<b>Prescriber restrictions</b>	Prescriber must be an infectious disease specialist or have consulted with an infectious disease specialist
<b>Coverage duration</b>	14 days, including days administered inpatient. Max of 28 days for vancomycin-resistant Enterococcus.
<b>Other criteria</b>	For diagnosis of vancomycin-resistant Enterococcus faecium infection, both of the following are required: infection is not susceptible to alternative antibiotics and copy of the susceptibility results. For documented MRSA infection, one of the following is required: therapeutic trial of vancomycin IV, 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, MRSA isolates have a vancomycin MIC greater than or equal to 2 mcg/mL, or patient has severe renal insufficiency (serum creatinine levels required).

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