|  |  |  |  |
| --- | --- | --- | --- |
| **Criteria Title** | Oxazolidinone Antibacterial | | |
| **Criteria Subtitle** | Zyvox (linezolid) | | |
| **Approval Level** | GCNSeqNo | | |
| **Products**   |  |  | | --- | --- | | Preferred |  | | Non-Preferred |  | | Brand |  | | Generic |  | | Other |  | | Drug Name | Corresponding Code(s) | Type of Code (GCNSeqNo, HICL, NDC) |
| ZYVOX | 045131 | GCNSeqNo |
| ZYVOX | 045132 | GCNSeqNo |
| ZYVOX | 045133 | GCNSeqNo |
| ZYVOX | 045134 | GCNSeqNo |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sequence Number** | **Question ID** | **Default Next Question ID** | **Question Type** | **Question Text** | **Choice Text** | **Next Question ID** |
| 1 | 1000 |  | Select | Is this request being prescribed in accordance with Food and Drug Administration (FDA) approved labeling? | Y | 1001 |
| N | 1235 |
| 2 | 1001 |  | Select and Free Text | Has the provider submitted documentation of the patient’s diagnosis and any culture and sensitivity reports showing the infection is caused by an organism resistant to preferred drugs?  If yes, please submit documentation. | Y | 1002 |
| N | 1235 |
| 3 | 1002 |  | Select | Does the patient have a diagnosis of Methicillin-resistant Staphylococcus aureus (MRSA)? | Y | 1003 |
| N | END (Pending Manual Review) |
| 4 | 1003 |  | Select and Free Text | Has the provider submitted documentation of a medically valid reason why vancomycin cannot be used?    If yes, please submit documentation. | Y | END (Pending Manual Review) |
| N | 1235 |
| 5 | 1235 |  | Free Text | Please provide the rationale for the medication being requested. | END (Pending Manual Review) | |

LENGTH OF AUTHORIZATIONS: 28 days

|  |  |
| --- | --- |
| **Last Approved** | 4/10/2023 |
| **Other** |  |