Alaska Medicaid

Zyvox Prior Authorization Form

REQUEST BY PRESCRIBER & BY FAX ONLY

MAGELLAN MEDICAID ADMINISTRATION

Fax request to: (888) 603-7696 **Phone (800) 331-4475** **Questions?** Call MMA at (800) 331-4475
Form available: http://www.hss.state.ak.us/dhcs/pharmacy/medpriorauthoriz.htm
Mail: Magellan Medicaid Administration, PA UNIT, 14100 Magellan Plaza, Maryland Heights, MO 63043
Note: *This authorization request does not ensure eligibility and is not a guarantee of payment. Please verify Medicaid eligibility before completing this form.*
Incomplete requests will be denied until all required information is received. Revised 2-2012

REQUESTOR	*Must be requested by prescriber and by fax only. See below.*	
RECIPIENT	Last Name, First Name, Middle I.:	
DOB:	Recipient ID:	Sex: ☐ Male ☐ Female
PRESCRIBER	Name:	NPI: - - - - - - - - - -
Phone: ( )		Fax: ( )
Specialty:		
PHARMACY	Name:	NPI: - - - - - - - - - -
Phone: ( )		Fax: ( )
REQUEST	Drug:	Strength: Dosage Form:
Primary Diagnosis: *Check below*		Dosage schedule:
Other Diagnoses:		QTY: Day Supply:
RATIONALE FOR PRIOR AUTHORIZATION		Prior Authorization start date:

[ ] Culture and susceptability testing documents must accompany fax request (REQUIRED)

Select the diagnosis:

[ ]Diagnosis of Complicated skin and skin structure infections, including diabetic foot infections, without concomitant osteomyelitis, caused by *Staphylococcus aureus* (methicillin-susceptible and -resistant strains), *Streptococcus pyogenes,* or *Streptococcus agalactiae*. ZYVOX has not been studied in the treatment of decubitus ulcers.

[ ] Uncomplicated skin and skin structure infections caused by *Staphylococcus aureus* (methicillin-susceptible only) or *Streptococcus pyogenes.*

[ ] Nosocomial pneumonia caused by *Staphylococcus aureus* (methicillin-susceptible and-resistant strains), or *Streptococcus pneumoniae* (including multi-drug resistant strains[MDRSP]).

[ ] Community-acquired pneumonia caused by *Streptococcus pneumoniae* (including multidrug resistant strains [MDRSP]*), including cases with concurrent bacteremia, or *Staphylococcus aureus* (methicillin-susceptible strains only)."

[ ] VRE -Vancomycin-Resistant *Enterococcus faecium* infections, including cases with concurrent bacteremia

What other Antibiotics have been tried within the past month?

[ ] Tetracycline **[ ] Sulfamethoxazole/trimethoprim** **[ ] Vancomycin**
[ ] Clindamycin **[ ] Any Flouoroquinolone** **[ ] Other** _____

IS THIS AN UNINTERRUPTED CONTINUATION OF ZYVOX THERAPY INITIATED IN A HOSPITAL?
[ ] No [ ] Yes, therapy began _____ (date).

Please note Quantity Limitations

May not be approved for > 14 days (Max 28 tablets or 900ml oral suspension)

Vancomycin-resistant Enteroccus may not be approved > 28 days.(Max 56 tablets or 1800ml oral suspension)

Prescriber's Signature:_____Date:_____

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