

Zyvox Prior Authorization Form

REQUEST BY PRESCRIBER & BY FAX ONLY



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.	
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RECIPIENT	Last Name, First Name, Middle I.:	
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DOB:	Recipient ID:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
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PRESCRIBER	Name:	NPI: - - - - -
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Phone: ()	Fax: ()
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Specialty:	
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PHARMACY	Name:	NPI: - - - - -
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Phone: ()	Fax: ()
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REQUEST	Drug:	Strength:	Dosage Form:
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Primary Diagnosis: <i>Check below</i>	Dosage schedule:
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Other Diagnoses:	QTY:	Day Supply:
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RATIONALE FOR PRIOR AUTHORIZATION	Prior Authorization start date:
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[] 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 Enterococcus may not be approved > 28 days.(Max 56 tablets or 1800ml oral suspension)

Prescriber's Signature: _____ Date: _____

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