BlueCross BlueShield
Federal Employee Program

ZYVOX
(linezolid)

Pre - PA Allowance
Quantity 14 day supply every 365 days

Prior-Approval Requirements

Diagnoses

Patient must have an infection caused by **OR** strongly suspected to be caused by **ONE** of the following:

1. Vancomycin-Resistant *Entercoccus faecium* infection

2. Nosocomial pneumonia
   Staphylococcus aureus (methicillin-susceptible)
   Staphylococcus aureus (methicillin-resistant)
   Streptococcus pneumoniae (including MDRSP)

3. Community-acquired pneumonia
   Staphylococcus aureus (methicillin-susceptible)
   Streptococcus pneumoniae (including MDRSP)

4. Complicated skin and skin structure infections
   Staphylococcus aureus (methicillin-susceptible)
   Staphylococcus aureus (methicillin-resistant)
   Streptococcus pyogenes
   Streptococcus agalactiae

5. Uncomplicated skin and skin structure infections
   Staphylococcus aureus (methicillin-susceptible)
   Streptococcus pyogenes

6. Actinomycotic unspecified infections
   Inadequate response or intolerance to prior penicillin, tetracycline, erythromycin, clindamycin, chloramphenical, and/or cephalosporins.

7. Nocardiosis Unspecified

8. Actinomycetoma

Nocardia Asteroides
Nocardia Brasiliensis
Nocardia Farcinica
Nocardia Nova
Nocardia Transvalensis
Nocardia Otitidiscaviarum

9. Mycobacterium after failure or intolerance to prior macrolide therapy

10. Pulmonary exacerbations / pneumonia in Cystic Fibrosis (CF) patients

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

Same as above

Prior – Approval *Renewal* Limits

Same as above