



Alaska Medicaid

Zyvox®

MagellanRx  
MANAGEMENT

### Prior Authorization Form

This form may also be used for requests to exceed the maximum allowed units.

Form available on Alaska Medicaid's [Medication Prior Authorization](#) website.

**Fax this form to (888) 603-7696**

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.

**Request Date:** \_\_\_\_\_

#### REQUESTOR INFORMATION

Requestor Name: \_\_\_\_\_ Title: \_\_\_\_\_

#### MEMBER INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Member ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex:  Male  Female Member Phone: \_\_\_\_\_

#### PRESCRIBER INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Prescriber NPI: \_\_\_\_\_ Specialty: \_\_\_\_\_

Prescriber Phone: \_\_\_\_\_ Prescriber Fax: \_\_\_\_\_

#### PHARMACY INFORMATION

Pharmacy Name: \_\_\_\_\_ Pharmacy NPI: \_\_\_\_\_

Pharmacy Phone: \_\_\_\_\_ Pharmacy Fax: \_\_\_\_\_

#### DRUG INFORMATION

Drug Name: \_\_\_\_\_ NDC: \_\_\_\_\_

Drug Strength: \_\_\_\_\_ Dosage Form: \_\_\_\_\_

Dosage Schedule: \_\_\_\_\_ Quantity: \_\_\_\_\_ Day Supply: \_\_\_\_\_

Is this a physician-administered drug?  Yes  No

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

### CLINICAL INFORMATION

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1. Primary diagnosis (select one):

- 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.
- Other diagnosis:** \_\_\_\_\_

**Note: Culture and susceptibility testing documents must accompany fax request (REQUIRED).**

2. What other antibiotics have been tried within the past month?

- Tetracycline
- Sulfamethoxazole/trimethoprim
- Vancomycin
- Clindamycin
- Any Fluoroquinolone
- Other: \_\_\_\_\_

3. Is this an uninterrupted continuation of therapy of Zyvox® therapy initiated in a hospital?

- Yes     No    If YES, therapy began on this date: \_\_\_\_\_

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### 4. Quantity Limitations:

- May not be approved for > 14 days (max 28 tablets or 900 mL oral suspension).
- Vancomycin-resistant Enterococcus may not be approved > 28 days (max 56 tablets or 1800 mL oral suspension).

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Attachments

**Attestation: I hereby certify that this treatment is indicated and necessary and meets the guidelines for use as outlined by Alaska Medicaid.**

**Prescriber Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(required)

Magellan Medicaid Administration, PA Unit  
14100 Magellan Plaza  
Maryland Heights, MO 63043  
Phone: (800) 331-4475

**Fax this form to (888) 603-7696**

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