



**STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES**



**Office of Pharmacy Service
Prior Authorization Criteria**

**Zyvox® (linezolid)
[Prior Authorization Request Form](#)**

Prior authorization requests for Zyvox will be approved if the following criteria are met:

- 1) Treatment of active infections with the following organisms which are methicillin resistant:
 - a. Gram positive cocci and enterococci organisms
 - b. Staph aureus or epidermidis
- 2) Due to its 100% bioavailability, all intravenous forms must be clinically justified prior to approval being given.
- 3) All other requests will be reviewed by the Medical Director on a case-by-case basis.

*Review and Approved
DUR Board 04/15/2002
Revised 01/25/2010
Revised 02/03/2010*