



**Zyvox**

**Zyvox (Linezolid) is an oxalodinone type antibiotic used in serious infections due to resistant organisms or for clearly defined pathogens and should always be reserved.**

- 1. Nosocomial or Community-acquired pneumonia OR Skin infection OR documented resistance
- 2. Must be documented second or third line antibiotic therapy

**Member Information**

**Relationship** (Circle)

Name \_\_\_\_\_

Subscriber   Spouse   Dependent

Enrollment / Cardholder ID \_\_\_\_\_

**Gender** (Circle)

Group / Plan \_\_\_\_\_

Male   Female

Birth date \_\_\_\_\_

AGE: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip \_\_\_\_\_

**Practitioner Information**

Name \_\_\_\_\_

Agent / Contact Name \_\_\_\_\_

Specialty \_\_\_\_\_

Office / Clinic Name \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Phone (   ) - \_\_\_\_\_

Fax (   ) - \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_

**2nd or 3rd Line of Therapy**

Yes   No   (circle)

**Strength / Dose**

\_\_\_\_\_

**Duration of Therapy** (Expected)

\_\_\_\_\_

**Requested Drug / Pharmaceutical**

**Zyvox – Linezolid**

**Condition / Diagnosis Related - Reason for Request**

\_\_\_\_\_

**Type of Request** (Circle)

**One-Time   On-Going**

**Clinical Drug / Lab History Pertinent to Request**

\_\_\_\_\_

**Contact Pharmacy?**   Y   N

**Pharmacy Phone Number**

\_\_\_\_\_

Formulary Alternative(s) Attempted   YES   NO   (Circle)

\_\_\_\_\_  
**Practitioner Signature**