



Prior Authorization Approval Criteria
Department of Pharmacy Services

Generic Name: linezolid

Brand Name: Zyvox

Medication Class: Antimicrobial

FDA Approved Uses: *Vancomycin-Resistant Enterococcus faecium infections.*
Noscomial pneumonia—caused by *Staphylococcus aureus* (methicillin resistant (MRSA) and susceptible strains), *Streptococcus pneumoniae* (penicillin susceptible strains)
Complicated skin and skin structure infections caused by *Staphylococcus aureus* (methicillin resistant (MRSA) and susceptible strains), *Streptococcus pyogenes*, or *Streptococcus agalactiae*.
Uncomplicated skin and skin structure infections caused by *Staphylococcus aureus* (methicillin susceptible strains only) or *Streptococcus pyogenes*.
Community-acquired pneumonia caused by *Streptococcus pneumoniae* (penicillin susceptible strains) or *Staphylococcus aureus* (methicillin susceptible strains only)

Usual Dose: *Vancomycin-Resistant Enterococcus faecium infections:* 600 mg every 12 hours for 14-28 days.
Noscomial pneumonia: 600 mg every 12 hours for 10-14 days
Complicated skin and skin structure infections: 600 mg every 12 hours for 10-14 days
Uncomplicated skin and skin structure infections: 400 mg every 12 hours for 10-14 days.
Community-acquired pneumonia: 600 mg every 12 hours for 10-14 days

Duration of Therapy: see Usual Doses

Criteria for Use: *(bullet points are all inclusive unless otherwise noted)*

- Infectious disease consult
 - Clinically documented infection that is susceptible to linezolid if the patient has a severe allergy to beta lactamase inhibitors or any antibiotic that the organism is susceptible
- Or
- Clinically documented infection that is susceptible to linezolid if the patient has failed treatment with antibiotics that the organism is susceptible
- Or
- Clinically documented Vancomycin-Resistant *Enterococcus faecium* infection
- Or
- Clinically documented MRSA and has failed or is intolerant to Vancomycin if the organism is susceptible to Vancomycin



Contraindications:

- Hypersensitivity to linezolid or any component of the formulation.

Not approved if:

- Patient has any contraindications to the use of linezolid.
- Patient does not meet the above stated guidelines for approval.

P&T Approval: _____ Date: _____