

Oxazolidinone Antibiotics

Goal(s):

- To optimize treatment of infections due to gram-positive organisms such as methicillin-resistant *Staphylococcus aureus* (MRSA) and vancomycin-resistant *Enterococcus faecium* (VRE)

Length of Authorization:

- 6 days

Requires PA:

- Non-preferred Oxazolidinone antibiotics

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria

1. What diagnosis is being treated?	Record ICD-10 code.	
2. Does the patient have an active infection with suspected or documented MRSA (e.g. B95.8, B95.61, B95.62, J15212) or VRE (e.g. Z16.20, Z16.21, Z16.22, Z16.31, Z16.32, Z16.33, Z16.39) or other multi-drug resistant gram-positive cocci (e.g. Z16.30, Z16.24)?	Yes: Go to #3.	No: Pass to RPh. Deny; medical appropriateness
3. Does the patient have a documented trial of appropriate therapy with vancomycin or linezolid, or is the organism not susceptible?	Yes: Approve tedizolid for up to 6 days and other non-preferred drugs for prescribed course.	No: Pass to RPh. Deny; medical appropriateness

P&T/DUR Review: 5/15
Implementation 10/13/16; 7/1/15