**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](http://www.orpdl.org)
- Searchable site for Oregon FFS Drug Class listed at [www.orpdl.org/drugs/](http://www.orpdl.org/drugs/)

### Approval Criteria

<table>
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<th>1. What diagnosis is being treated?</th>
<th>Record ICD-10 code.</th>
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| 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*