

linezolid (ZYVOX)

Diagnoses Considered for Coverage:

- Community-acquired (CAP) or Nosocomial pneumonia caused by *Staphylococcus aureus* (MSSA and MRSA) or *Staphylococcus pneumoniae*
- Skin and Soft Tissue Infection (SSTI) caused by *Staphylococcus aureus* (MSSA and MRSA) or *Streptococcus pyogenes*, or *Streptococcus agalactiae*
- Vancomycin-resistant *Enterococcus faecium* infection (VRE)

Coverage Criteria:

For generic linezolid:

1. For VRE or MRSA infection:

- Diagnosis is a skin or soft tissue infection (SSTI), **and**
- Treatment duration does not exceed 14 days, **and**
- One of the following:
 - Prescribed or recommended by an Infectious Disease Specialist, **or**
 - Provided Culture & Sensitivity documenting VRE or MRSA, and inadequate response, intolerable side effects, or has a medical reason for not using an oral antibiotic agent to which the identified organism is sensitive.

2. For methicillin-susceptible staphylococcus or streptococcus (MSSA):

- Diagnosis is a skin or soft tissue infection (SSTI), **and**
- Treatment duration does not exceed 14 days, **and**
- Prescribed or recommended by an Infectious Disease Specialist, **and**
- Inadequate response, intolerable side effects, or has a medical reason for not using TWO preferred oral agents to which the identified organism is sensitive on provided culture and sensitivity report.

Coverage Duration: one time, up to 14 days of therapy

Effective Date: 6/28/2023