



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	April 5, 2012; June 22, 2012

## **ZYVOX® (linezolid)**

### **LENGTH OF AUTHORIZATION:**

- Maximum of 28 days, which includes any hospital course of therapy.
- Zyvox may be approved for longer than 14 days if appropriate indication requires longer duration of therapy (e.g. VRE endocarditis, MRSA osteomyelitis). The maximum duration of approval will be 28 days. If therapy required is longer than 28 days an additional PA will be needed.

### **REVIEW CRITERIA:**

- **Patient must have culture and sensitivity results with one of the diagnosis listed below. The organism being treated must be most susceptible to Zyvox as opposed to another drug (e.g. clindamycin).**
  - Vancomycin-Resistant Enterococcus faecium infections, including cases with concurrent bacteremia.
  - Nosocomial pneumonia caused by Staphylococcus aureus (methicillin-susceptible and resistant strains), or Streptococcus pneumoniae (including multi-drug resistant strains [MDRSP]).
  - Complicated skin and skin structure infections, including diabetic foot infections, without concomitant osteomyelitis, caused by Staphylococcus aureus (methicillin susceptible and resistant strains), Streptococcus pyogenes, or Streptococcus agalactiae.
  - ZYVOX has not been studied in the treatment of decubitus ulcers.
  - Uncomplicated skin and skin structure infections caused by Staphylococcus aureus (methicillin-susceptible only) or Streptococcus pyogenes.
  - Community-acquired pneumonia caused by Streptococcus pneumoniae (including multidrug resistant strains [MDRSP]), including cases with concurrent bacteremia, or *Staphylococcus aureus* (methicillin-susceptible strains only).



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**DOSING AND ADMINISTRATION:**

**How supplied:** 200mg/100ml (IV Sol); 400mg/200mL (IV Sol.); 600mg/300mL (IV Sol.); 400, 600mg (tabs); 100mg/5mL (Suspension).

Infection	Dosage and Route of Administration		Recommended Duration of Treatment (consecutive days)
	Pediatric Patients* (Birth through 11 Years of Age)	Adults and Adolescents	
Complicated skin and skin structure infections	10 mg/kg IV or oral q8h	600 mg IV or oral q12h	10-14
Community-acquired pneumonia, including concurrent bacteremia			
Nosocomial pneumonia			
Vancomycin-resistant Enterococcus faecium infections including concurrent bacteremia	10 mg/kg IV or oral q8h	600 mg IV or oral q12h	14-28
Uncomplicated skin and skin structure infections	<5 yrs: 10 mg/kg oral q8h 5-11 yrs: 10 mg/kg oral q12h	Adults: 400 mg oral q12h Adolescents: 600 mg oral q12h	10-14

*\*Neonates <7 days: Most pre-term neonates < 7 days of age (gestational age < 34 weeks) have lower systemic linezolid clearance values and larger AUC values than many full-term neonates and older infants. These neonates should be initiated with a dosing regimen of 10 mg/kg q12h. Consideration may be given to the use of 10 mg/kg q8h regimen in neonates with a sub-optimal clinical response. All neonatal patients should receive 10 mg/kg q8h by 7 days of life.*