Mass General Brigham
Health Plan

Injectable Antibiotics
Effective 09/01/2023

Plan	☒ MassHealth UPPL ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit (NLX)		
Specialty Limitations			
Contact Information	**Specialty Medications**		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions			

Overview

No PA†	Require PA
Cubicin® (daptomycin)	Avycaz® (ceftazidime/avibactam)
daptomycin	Baxdela® (delafloxacin injection)
Teflaro® (ceftaroline)	Dalvance® (dalbavancin)
vancomycin injection	Fetroja® (cefiderocol)
	Kimyrsa® (oritavancin)
	Nuzyra® (omadacycline injection)
	Orbactiv® (oritavancin)
	Recarbrio® (imipenem/cilastatin/relebactam)
	Tygacil® (tigecycline)
	Sivextro® (tedizolid injection)
	Synercid® (dalfopristin/quinupristin)
	Vabomere® (meropenem/vaborbactam)
	Vibativ® (telavancin)
	Xenleta® (lefamulin injection)
	Xerava® (eravacycline)
	Zemdri® (plazomicin)
	Zerbaxa® (ceftolozane/tazobactam)
	Zyvox® (linezolid injection)*

*A-rated generic available, both brand and A-rated generic require PA.

† There are many other injectable antibiotics that are available without PA

Coverage Guidelines
Authorization may be reviewed on a case by case basis for members who are new to the plan currently receiving treatment with requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
Authorization will be granted when all the following criteria has been met:

Avycaz, Recarbrio, Tygacil, Xerava, Zerbaxa
ALL of the following:
1. Diagnosis of Complicated intra-abdominal infection (cIAI)
2. If the request is for Tygacil® or Zerbaxa®, member is ≥18 years of age
3. Paid claims within the past 30 days or physician documentation of an inadequate response, adverse reaction to **TWO** or contraindication (e.g., culture not susceptible) to **ALL** of the following:
    a. Combination therapy with aztreonam and metronidazole and vancomycin
    b. Combination therapy with metronidazole and cefepime
    c. Combination therapy with metronidazole and cefotaxime
    d. Combination therapy with metronidazole and ceftazidime
    e. Combination therapy with metronidazole and ceftriaxone
    f. Combination therapy with metronidazole and ciprofloxacin
    g. Combination therapy with metronidazole and levofloxacin
    h. doripenem
    i. ertapenem
    j. imipenem/cilastatin
    k. meropenem
    l. moxifloxacin
    m. piperacillin/tazobactam
4. If the request is for Avycaz® or Zerbaxa® , the requested agent will be used concurrently with metronidazole
5. Requests for brand name Tygacil® must meet the above criteria and the prescriber must submit medical records documenting an inadequate response or adverse reaction to generic tigecycline injection (as per the Brand Name guideline).

Avycaz, Fetroja, Recarbrio, Vabomere, Zemdri, Zerbaxa
ALL of the following:
1. Diagnosis of Complicated urinary tract infection (cUTI)
2. If the request is for Vabomere® (meropenem/vaborbactam), Zemdri® (plazomicin), or Zerbaxa® (ceftolozane/tazobactam), member is >18 years of age
3. Paid claims within the past 30 days or physician documentation of an inadequate response, adverse reaction to **TWO** or contraindication (e.g., culture not susceptible) to **ALL** of the following:
    a. amikacin
    b. ampicillin/sulbactam
    c. aztreonam
    d. ceftriaxone
    e. cefepime
    f. ceftazidime
    g. ciprofloxacin or levofloxacin
    h. ertapenem
    i. gentamicin

j. imipenem/cilastatin
k. meropenem
l. piperacillin/tazobactam

4. Requests for Vabomere® or Fetroja® for an infection other than cUTI and the request documents known or suspected infection with Klebsiella pneumoniae carbapenemase (KPC) producing bacteria or carbapenem resistance will be reviewed on a case-by-case basis.

Avycaz, Fetroja, Recarbrio, Zerbaxa

ALL of the following:

1. Diagnosis of Hospital-acquired (nosocomial) bacterial pneumonia (HABP) or ventilator-associated bacterial pneumonia (VABP) caused by susceptible Gram-negative microorganisms
2. Member is >18 years of age
3. Paid claims within the past 30 days or physician documentation of an inadequate response, adverse reaction to **TWO** or contraindication (e.g., culture not susceptible) to **ALL** of the following:
    a. Aminoglycosides (amikacin, gentamicin, tobramycin)
    b. aztreonam
    c. cefepime
    d. ceftazidime
    e. ciprofloxacin or levofloxacin
    f. imipenem/cilastatin
    g. meropenem
    h. piperacillin/tazobactam

Vibativ, Zyvox

ALL of the following:

1. Diagnosis of Hospital-acquired (nosocomial) bacterial pneumonia (HABP) due to MRSA or suspected MRSA infection
2. **ONE** of the following:
    a. Paid claims within the past 30 days or physician documentation of an inadequate response, adverse reaction or contraindication to vancomycin*
    b. Culture is resistant to vancomycin (If cultures can be obtained)
    c. Member has a history of MRSA infections that have not responded to vancomycin in the past
3. If the request is for Vibativ® (telavancin), then **BOTH** of the following:
    a. Member is ≥ 18 years of age
    b. **ONE** of the following:
        i. Paid claims within the past 30 days or physician documentation of an inadequate response, adverse reaction or contraindication to linezolid
        ii. Culture is resistant to linezolid (If cultures can be obtained)
        iii. Member has a history of MRSA infections that have not responded to linezolid in the past
4. Requests for brand name Zyvox® must meet the above criteria and the prescriber must submit medical records documenting an inadequate response or adverse reaction to generic linezolid injection (as per the Brand Name guideline).

***** *Adverse Events caused by vancomycin such as red-man syndrome or renal adverse events are also associated with Vibativ®, and renal events in particular are higher with Vibativ®. Thus, these specific AEs are not appropriate rationale for selecting Vibativ® over vancomycin.*

Baxdela, Dalvance, Kimyrsa, Nuzyra, Orbactiv, Sivextro, Synercid, Tygacil, Vibativ, Zyvox

ALL of the following:

1. Diagnosis of Skin and soft tissue infection due to Methicillin-Resistant Staphylococcus Aureus (MRSA) or suspected MRSA infection
2. If the request is for Baxdela® (delafloxacin injection), Kimyrsa® (oritavancin), Nuzyra® (omadacycline injection), Orbactiv® (oritavancin), Sivextro® (tedizolid injection), Synercid® (dalfopristin/quinupristin), or Vibativ® (telavancin), member is ≥ 18 years of age
3. Inadequate response, adverse reaction, or contraindication (e.g., culture not susceptible) to **ALL** of the following:
    a. ceftaroline
    b. daptomycin
    c. vancomycin
4. If the request is for Synercid® (dalfopristin/quinupristin) or Tygacil® (tigecycline), then **ONE** of the following is also required:
    a. Paid claims within the past 30 days or physician documentation of an inadequate response, adverse reaction or contraindication to ALL other available agents that treat MRSA SSTIs
    b. Culture is resistant to **ALL** other available agents that treat MRSA SSTIs *(If cultures can be obtained)*
5. If the request is for Kimyrsa® (oritavancin), medical necessity for use instead of Orbactiv® (oritavancin)
6. Requests for brand name Tygacil® or Zyvox® must meet the above criteria and the prescriber must submit medical records documenting an inadequate response or adverse reaction to generic equivalent (as per the Brand Name guideline).
7. Requests documenting an inadequate response or development of an adverse drug reaction to clindamycin for the current infection will be considered for the requested duration.

Zyvox

ALL of the following:

1. **ONE** of the following diagnoses:
    a. Bone/joint infections due to MRSA or suspected MRSA
    b. CNS infection due to MRSA or suspected MRSA
2. **ONE** of the following:
    a. Paid claims within the past 30 days or physician documentation of an inadequate response, adverse reaction or contraindication to vancomycin
    b. Culture is resistant to vancomycin *(If cultures can be obtained)*
    c. Member has a history of MRSA infections that have not responded to vancomycin in the past
3. Requests for brand name Zyvox® must meet the above criteria and the prescriber must submit medical records documenting an inadequate response or adverse reaction to generic equivalent (as per the Brand Name guideline).

Baxdela, Nuzyra, Xenleta

ALL of the following:

1. Diagnosis of non-MRSA community-acquired pneumonia (CABP)
2. Member is ≥ 18 years of age
3. Paid claims within the past 30 days or physician documentation of an inadequate response or adverse reaction to a regimen containing **ONE** or contraindication to **ALL** of the following:
    a. amoxicillin
    b. amoxicillin/clavulanate
    c. ampicillin-sulbactam
    d. azithromycin

e. cefotaxime
f. cefpodoxime
g. ceftriaxone
h. cefuroxime
i. clarithromycin
j. doxycycline
k. levofloxacin
l. moxifloxacin

4. If the request is for Baxdela® (delafloxacin injection) or Nuzyra® (omadacycline injection), paid claims within the past 30 days or physician documentation of an inadequate response, adverse reaction, or contraindication to Teflaro® (ceftaroline)

Baxdela, Nuzyra
ALL of the following:

1. Diagnosis of non-MRSA Skin and soft tissue infection
2. If the request is Baxdela® (delafloxacin injection) or Nuzyra® (omadacycline injection), member is ≥ 18 years of age
3. Organism susceptibility to the requested agent is provided OR if cellulitis and cultures cannot be obtained due to the nature of the infection
4. **ONE** of the following:
    a. Paid claims within the past 30 days or physician documentation of an inadequate response to at least ONE LCA regimen that does not require a PA (e.g., fluoroquinolone, cephalosporin, aztreonam, vancomycin (gram positive coverage only), nafcillin (gram positive coverage only), etc.)
    b. Culture is resistant to ALL potential LCA options *(If cultures can be obtained)*
    c. Adverse reaction or contraindication to **ALL** potential LCAs
5. If the request is for Baxdela® (delafloxacin injection) or Nuzyra® (omadacycline injection), paid claims within the past 30 days or physician documentation of an inadequate response, adverse reaction, or contraindication to Teflaro® (ceftaroline)

Dalvance, Sivextro, Synercid, Tygacil, Vibativ, Zyvox for the treatment of non-MRSA/non-VRE infections
ALL of the following:

1. Organism susceptibility to the requested agent OR if certain types of infections cannot be cultured (i.e. cellulitis, many instances of osteomyelitis, pneumonia)
2. If the request is for Sivextro® (tedizolid), Synercid® (dalfopristin/quinupristin), or Vibativ® (telavancin), member is ≥ 18 years of age
3. **ONE** of the following:
    a. Paid claims within the past 30 days or physician documentation of an inadequate response, adverse reaction or contraindication to vancomycin OR request is for Tygacil for an infection with documented (or suspected) gram negative bacteria
    b. Culture is resistant to vancomycin *(If cultures can be obtained)*
4. Requests for brand name Tygacil® , or Zyvox® must meet the above criteria and the prescriber must submit medical records documenting an inadequate response or adverse reaction to generic equivalent (as per the Brand Name guideline).

Vibativ
ALL of the following:

1. VABP due to MRSA or suspected MRSA infection

2. Member is ≥18 years of age
3. **ONE** of the following:
    a. Paid claims within the past 30 days or physician documentation of an inadequate response, adverse reaction or contraindication to vancomycin
    b. Culture is resistant to vancomycin (if cultures can be obtained)
    c. Member has a history of MRSA infection that have not responded to vancomycin in the past
4. **ONE** of the following:
    a. Paid claims within the past 30 days or physician documentation of an inadequate response, adverse reaction or contraindication to linezolid
    b. Culture is resistant to linezolid (if cultures can be obtained)
    c. Member has a history of MRSA infection that have not responded to linezolid in the past

Sivextro, Synercid, Tygacil, Zyvox

ALL of the following:

1. Documentation of VRE infection or suspected VRE infection *(culture and sensitivity report not required)*
2. If the request is for Sivextro® (tedizolid) or Synercid® (dalfopristin/quinupristin), member is ≥ 18 years of age
3. If the request is for a drug other than linezolid, then **ONE** of the following is also required:
    a. Paid claims within the past 30 days or physician documentation of an inadequate response, adverse reaction or contraindication to linezolid
    b. Culture is resistant to linezolid *(if cultures can be obtained)*
4. Requests for brand name Tygacil®, or Zyvox® must meet the above criteria and the prescriber must submit medical records documenting an inadequate response or adverse reaction to generic equivalent (as per the Brand Name guideline).

Continuation of Therapy

Prescriber provides documentation of the following:

1. Member has responded to the antibiotic but more treatment time is required for infection resolution
2. Length of recertification: As requested by prescriber

Limitations

1. Initial approvals will be granted for the following:
    a. Up to 14 days if prescriber does not indicate a duration of therapy for treatment of:
        i. UTIs
        ii. Intra-abdominal infections
        iii. Pneumonia
        iv. SSTIs
        v. Bacteremia
        vi. Non-MRSA/Non-VRE infections
        vii. CNS infections (e.g., meningitis, brain abscess, spinal epidural abscess)
        viii. VRE infections
    b. Up to 2 months if prescriber does not indicate a duration of therapy for treatment of:
        i. Bone/joint infections (e.g., osteomyelitis, septic arthritis, etc.)
        ii. Endocarditis
    c. Dalvance: maximum is 8 days
    d. Kimyrsa, Orbactiv: maximum is 1 dose
    e. Sivextro: maximum is 6 days
    f. All other agents: duration as requested by prescriber

2. Reauthorizations will be granted for: duration as requested by prescriber.

Appendix

Vancomycin PICC line considerations

If prescriber documents any of the following contraindications for PICC placement, request may be approved

- burns, trauma, skin infections, or history of venous thrombosis at insertion sites
- actively bacteremic patients
- coagulopathy (e.g., claims for warfarin)
- renal failure or ESRD (need to preserve veins for dialysis catheters)
- inability to monitor vancomycin levels as an outpatient

Placement of PICC would require hospital admission or re-admission should be considered for requests for IV antibiotics.

Use of Telavancin and Dalbavancin for Treatment of Vancomycin Resistant Enterococci

PA requests that document VRE infection with cultures showing resistance to vancomycin and linezolid in addition to sensitivity to the requested agent (Vibativ® [telavancin] or Dalvance® [dalbavancin]) may be approved.

Requests may also be approved if the prescriber documents inadequate response, adverse reaction or contraindication to linezolid and cultures show resistance to vancomycin and sensitivity to the requested agent (Vibativ® [telavancin] or Dalvance® [dalbavancin]).

Agents for the Treatment of Carbapenem-Resistant Enterobacterales (CRE)

Regardless of previous trials, if a request documents that the causative microbe is resistant to ertapenem and meropenem, or it is suspected that the microbe is resistant to both and susceptibility testing is not able to be performed, request may be APPROVED.

References

1. Cubicin® [package insert]. Whitehouse Station (NJ): Merck Sharp & Dohme Corp.; 2021 Oct.
2. Synercid® [package insert]. New York (NY): Pfizer Laboratories Div. Pfizer, Inc.; 2021 Jul.
3. Tygacil® [package insert]. Philadelphia (PA): Wyeth Pharmaceuticals, Inc.; 2020 Jun.
4. Vibativ® [package insert]. Nashville (TN): Cumberland Pharmaceuticals Inc..; 2021 Jan.
5. Zyvox® [package insert]. New York City (NY): Pharmacia and Upjohn Co., LLC; 2021 Nov.
6. Teflaro® [package insert]. Saint Louis (MO): Forest Pharmaceuticals Inc.; 2021 Dec.
7. U.S. Food and Drug Administration. New Drugs at FDA: CDER's New Molecular Entities and New Therapeutic Biological Products of 2021 [webpage on the internet].Silver Spring (MD): U.S. Food and Drug Administration; (2021) [cited 2021 May 10]. Available from: http://www.fda.gov/Drugs/DevelopmentApprovalProcess/DrugInnovation/default.htm.
8. Dalvance® [package insert]. Chicago (IL): Durata Therapeutics U.S. Limited; 2021 Jul
9. Sivextro® [package insert]. Whitehouse Station (NJ): Merck Sharp & Dohme Corp.; 2021 Nov.
10. Orbactiv® [package insert]. Lincolnshire (IL) Melinta Therapeutics, LLC.; 2021 Sep.
11. Kimyrsa® [package insert]. Lincolnshire (IL): Melinta Therapeutics, LLC.; 2021 Jul.
12. Zerbaxa® [package insert]. Whitehouse Station (NJ): Merck Sharp & Dohme Corp.; 2021 Nov.
13. Avycaz® [package insert]. Parsippany (NJ): Allergan, Inc.: 2020 Dec.
14. Vabomere® [package insert]. Lincolnshire (IL): Melinta Therapeutics, LLC.; 2021 Jun.
15. Zemdri® [package insert]. South San Francisco (CA): Achaogen, Inc; 2018 Jun.
16. Xerava® [package insert]. Watertown (MA): Tetraphase Pharmaceuticals; 2021 Jul.

17. Nuzyra® [package insert]. Boston (MA): Parateck Pharmaceuticals, Inc.; 2021 May.
18. Xenleta® (lefamulin) [package insert]. King of Prussia (PA): Nabriva Therapeutics US, Inc.; 2021 Oct.
19. Baxdela® [prescribing information]. Lincolnshire (IL): Melinta Therapeutics, Inc.; 2021 Jul.
20. Recarbrio® [prescribing information]. Whitehouse Station (NJ): Merck Sharp & Dohme Corp.; 2021 Jul.
21. Fetroja® [package insert] Florham Park (NJ): Shionogi Inc.; 2021 Nov.
22. Lowry FD. Methicillin-resistant Staphylococcus aureus in adults: treatment of bacteremia. In: Basow DS (Ed). UpToDate [database on the Internet]. Waltham (MA): UpToDate; 2019 [cited 2021 May 10]. Available from: http://www.utdol.com/utd/index.do.
23. The Medicines Company. Data on file. Vabomere® (meropenem and vaborbactam) for Injection Clinical Efficacy and Safety in Patients with Complicated Urinary Tract Infection and Acute Pyelonephritis (TANGO I Clinical Trial).
24. The Medicines Company. Data on file. Vabomere® (meropenem and vaborbactam) Injection Clinical Efficacy and Safety as Monotherapy in Patients with Selected Serious Infections due to Carbapenem-Resistant Enterobacteriaceae (TANGO II Clinical Trial).
25. Jones RN, Sader HS, Flamm RK. Update of dalbavancin spectrum and potency in the USA: report from the SENTRY Antimicrobial Surveillance Program (2011). Diagn Microbiol Infect Dis 2013 Mar;75(3):304-7.
26. Guskey MT, Tsuji BT. A comparative review of the lipoglycopeptides: oritavancin, dalbavancin, and telavancin. Pharmacotherapy [abstract]. 2010 Jan;30(1):80-94.
27. RXNews: Prescription Solutions [homepage on the Internet]. San Diego: Prescription Solutions; 2010 [cited 2021 May 10]. Available from: https://professionals.optumrx.com/publications/rx-news.html.
28. Saravolatz LD, Stein GE, Johnson LB. Telavancin: A Novel Lipoglycopeptide. Clinical Infectious Diseases. 2009;49:1908-14.
29. Attwood RJ, LaPlane KL. Telavancin: A Novel lipoglycopeptide antimicrobial agent. Am J Health-Syst Pharm. 2007; 64:2335-48.
30. Telavancin (Vibativ) for Gram-Positive Skin Infections. The Medical Letter. 2010 Jan; 52 (1329): 1-3.
31. Infectious Diseases Society of America (IDSA). Practice guidelines for the diagnosis and management of skin and soft tissue infections: 2014 update by the Infectious Diseases Society of America [guideline on the internet]. Arlington, USA: Infectious Diseases Society of America; 2014 [cited 2021 May 10]. Available from: http://cid.oxfordjournals.org/content/early/2014/06/14/cid.ciu296.full.pdf.
32. Choice of Antibacterial Drugs. Treatment Guidelines from the Medical Letter. 2007 May;5(57):33-50.
33. File TM. Treatment of community-acquired pneumonia in adults who require hospitalization. In: Basow DS (Ed). UpToDate [database on the internet]. Waltham (MA): UpToDate; 2021 [cited 2021 May 10]. Available from: http://www.utdol.com/utd/index.do.
34. Klompas M. Treatment of hospital-acquired and ventilator-associated pneumonia in adults. In: Basow DS (Ed). UpToDate [database on the Internet]. Waltham (MA): UpToDate; 2021 [cited 2021 May 10]. Available from: http://www.utdol.com/utd/index.do.
35. Kalil AC, Metersky ML, Klompas M, Muscedere J, Sweeney DA, Palmer LB, et al. Management of adults with hospital-acquired and ventilator-associated pneumonia: 2016 Clinical Practice Guidelines by the Infectious Diseases Society of America and the American Thoracic Society. Clin Infect Dis. 2016;63(5):e61-e111.
36. Sexton DJ, Chu VH. Antimicrobial therapy of left-sided native valve endocarditis. In: Basow DS (Ed). UpToDate [database on the Internet]. Waltham (MA): UpToDate; 2021 [cited 2021 May 10]. Available from: http://www.utdol.com/utd/index.do.
37. Karchmer AW, Chu VH. Antimicrobial therapy of prosthetic valve endocarditis. In: Basow DS (Ed). UpToDate [database on the Internet]. Waltham (MA): UpToDate; 2021 [cited 2021 May 10]. Available from: http://www.utdol.com/utd/index.do.
38. IDSA Guidelines. Diagnosis and Management of Complicated Intra-abdominal Infection in Adults and Children: Guidelines by the Surgical Infection Society and the Infectious Diseases Society of America. Clinical Practice Guidelines of the Infectious Diseases Society of America (Archived) [guideline on the Internet].

Clinical Infectious Diseases. 2010 [cited 2021 May 10]; 41:1373-406. Available from: https://academic.oup.com/cid/article/50/2/133/327316.
39. Brown SD, Traczewski MM. Comparative in vitro antimicrobial activities of torezolid (TR-700), the active moiety of a new oxazolidinone, torezolid phosphate (TR-701), determination of tentative disk diffusion interpretive criteria, and quality control ranges. Antimicrob Agents Chemother 2010; 54(5):2063-9.
40. Wang JL, Hsueh PR. Therapeutic options for infections due to vancomycin-resistant enterococci. Expert Opinion Pharmacotherapy. 2009;10(5):785-796.
41. Murray BE, Miller WR. Treatment of enterococcal infections. In: Basow DS (Ed). UpToDate [database on the Internet]. Waltham (MA): UpToDate; 2021 [cited 2021 May 10]. Available from: http://www.utdol.com/utd/index.do.
42. Eliopoulos GM. Microbiology of drugs for treating multiple drug-resistant Gram-positive bacteria. Journal of Infection. 2009; 59(S1):S17-S24.
43. Grabe M., Bjerklund-Johansen TE, Botto H, Cek M, Naber KG, Tenke, et al. European Association of Urology: guidelines on urological infections [guideline on the Internet]. 2010 Apr [cited 2021 May 10]. Available from: https://uroweb.org/guideline/urological-infections/.
44. Vancomycin: drug information. In: Basow DS (Ed). UpToDate [database on the Internet]. Waltham (MA): UpToDate; 2021 [cited 2021 May 10]. Available from: http://www.utdol.com/utd/index.do.
45. Bourgeois FC, Lamagna P, Chiang VW. Peripherally inserted central catheters. Pediatr Emerg Care. 2011 Jun;27(6):556-61.
46. Roszell S, Jones C. Intravenous administration issues: a comparison of intravenous insertions and complications in vancomycin versus other antibiotics. J Infus Nurs. 2010 Mar-Apr;33(2):112-8.
47. Heffner AC. Placement of central venous catheters. In: Wolfson AB, Eidt JF, Mills JL (Ed). UpToDate [database on the internet]. Waltham (MA): UpToDate; 2021 [cited 2021 May 10]. Available from: http://www.utdol.com/utd/index.do.
48. Hu L. Treatment of Lyme disease. In: Basow DS (Ed). UpToDate [database on the internet]. Waltham (MA): UpToDate; 2021 [cited 2021 May 10]. Available from: http://www.utdol.com/utd/index.do.
49. IDSA Guidelines. Clinical Practice Guidelines by the Infectious Diseases Society of America for the Treatment of Methicillin-Resistant Staphylococcus Aureus Infections in Adults and Children (Archived) [guideline on the internet]. Arlington, Virginia, United States of America: Infectious Diseases Society of America; 2021 [cited 2021 May 10]. Available from: https://academic.oup.com/cid/article/52/3/e18/306145.
50. Comparative in vitro activity of telavancin (TD-6424), a rapidly bactericidal, concentration-dependent antiinfective with multiple mechanisms of action against Gram-positive bacteria. J Antimicrob Chemother. 2004 May;53(5):797-803.
51. Lowry FD. Methicillin-resistant Staphylococcus aureus (MRSA) in adults: Treatment of skin and soft tissue infections. In: Basow DS (Ed). UpToDate [database on the Internet]. Waltham (MA): UpToDate; 2021 [cited 2021 May 10]. Available from: http://www.utdol.com/utd/index.do.
52. Mazuski JE, Tessier JM, May AK, Sawyer RG, Nadler EP, Rosengart MR, et al. The Surgical Infection Society Revised Guidelines on the Management of Intra-Abdominal Infection. Surg Infect (Larchmt). 2017;18(1):1–76.
53. Infectious Diseases Society of America. IDSA Guidance on the Treatment of Antimicrobial-Resistant Gram-Negative Infections: Version 1.0 March 7, 2022. Accessed March 14, 2022. https://www.idsociety.org/practiceguideline/amr-guidance/

Review History

02/08/2023 - Reviewed and created for Feb P&T; matched MH UPPL. Effective 4/1/23.

08/09/23 – Reviewed and updated for P&T. Admin update: benefit change to PB only. Formatting updates to diagnosis and removal of requiring ‘documentation’. Effective 9/1/23