## Comparison Table: Some Drugs for Treatment of MRSA Skin and Skin Structure Infections

For additional information on MRSA skin and skin structure infections, see [Delafloxacin (Baxdela) – A New Fluoroquinolone Antibiotic](#)  
[Drugs for Common Bacterial Infections in Adults](#)

### Comparison Table: Some Drugs for Treatment of MRSA Skin and Skin Structure Infections

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<tr>
<th>Drug</th>
<th>Some Available Formulations</th>
<th>Usual Adult Dosage</th>
<th>Usual Pediatric Dosage</th>
<th>Comments</th>
<th>Cost</th>
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<tr>
<td><strong>Parenteral Antibiotics</strong></td>
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<td><strong>Glycopeptides</strong></td>
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| Dalbavancin – Dalvance (Allergan) | 500 mg single-use vials | 1500 mg IV once or 1000 mg IV once, then 500 mg 1 week later; Infuse over 30 minutes | Not FDA-approved for pediatric use 3 months—<6 yrs: 22.5 mg/kg IV once (1500 mg max) or 15 mg/kg (1000 mg max) on day 1 and 7.5 mg/kg (500 mg max) on day 8; 6—<18 yrs: 18 mg/kg IV once (1500 mg max) or 12 mg/kg (1000 mg max) on day 1 and 6 mg/kg (500 mg max) on day 8 | FDA-approved for ABSSSIs caused by susceptible gram-positive organisms, including MRSA  
Alternative option for treatment of MRSA skin and soft tissue infections in hospitalized patients or outpatients  
Slow down or stop infusion if infusion reactions (Red-Man syndrome) occur | $4604.10 |
| Oritavancin – Orbactiv (Melinta) | 400 mg single-use vials | 1200 mg IV once; Infuse over 3 hours                                              | Not FDA-approved for pediatric use | FDA-approved for ABSSSIs caused by susceptible gram-positive organisms, including MRSA  
Alternative option for treatment of MRSA skin and soft tissue infections in hospitalized patients  
Slow down or stop infusion if infusion reactions (Red-Man syndrome) occur  
Can artificially prolong aPTT for up to 5 days and PT/INR for up to 12 hours; use of IV unfractionated heparin is contraindicated for 5 days after administration of oritavancin | 2900.00 |
| Telavancin – Vibativ (Theravance) | 750 mg single-use vials | 10 mg/kg IV q24h x 7-14 days; Infuse over 60 minutes; CrCl 30-50 mL/min: 7.5 mg/kg IV q24h; CrCl 10—<30 mL/min: 10 mg/kg IV q48h | Not FDA-approved for pediatric use | FDA-approved for complicated skin and skin structure infections caused by susceptible gram-positive organisms, including MRSA  
Alternative option for treatment of MRSA skin and soft tissue infections in hospitalized patients  
Slow down or stop infusion if infusion reactions (Red-Man syndrome) occur  
Can artificially prolong aPTT for up to 18 hours; use of IV unfractionated heparin is contraindicated  
Can cause QT interval prolongation  
Can cause nephrotoxicity | 2949.70 |
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<tr>
<td>Vancomycin – generic</td>
<td>500, 750 mg, 1, 10 g vials</td>
<td>15-20 mg/kg (max 2 g) IV q8-12h x 5-14 days</td>
<td>Initial: 10-15 mg/kg q6h</td>
<td>▶ Regimen of choice for treatment of MRSA skin and soft tissue infections in hospitalized patients ▶ Requires monitoring of trough drug concentrations and renal function ▶ Slow down or stop infusion if infusion reactions (Red-Man syndrome) occur ▶ Can cause nephrotoxicity</td>
<td>$72.10</td>
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<tr>
<td>Linezolid – generic Zyvox (Pfizer)</td>
<td>200, 600 mg infusion bags</td>
<td>600 mg IV q12h x 5-14 days</td>
<td>&lt;12 yrs: 10 mg/kg q8h ≥12 yrs: 10 mg/kg q12h</td>
<td>▶ FDA-approved for complicated skin and skin structure infections caused by susceptible gram-positive organisms, including MRSA ▶ Alternative option for treatment of MRSA skin and soft tissue infections in hospitalized patients ▶ Also available in oral formulations (see oral antibiotics on pg e62) ▶ Bone marrow suppression, particularly thrombocytopenia; risk greater with &gt;10 days’ treatment; monitor CBC weekly in patients treated for &gt;7-10 days ▶ Weak MAO inhibitor; contraindicated for use with or within 14 days of an MAO inhibitor and may cause serotonin syndrome if coadministered with serotonergic drugs</td>
<td>731.00* 800.00*</td>
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<tr>
<td>Tedizolid phosphate – Sivextro (Merck)</td>
<td>200 mg single-use vials</td>
<td>200 mg IV q24h x 6 days</td>
<td>Not FDA-approved for pediatric use</td>
<td>▶ FDA-approved for complicated skin and skin structure infections caused by susceptible gram-positive organisms, including MRSA ▶ Alternative option for treatment of MRSA skin and soft tissue infections in hospitalized patients ▶ Also available in an oral formulation (see oral antibiotics on page e62) ▶ Less likely to cause thrombocytopenia than linezolid ▶ Weak, reversible inhibitor of MAO in vitro; may be less likely than linezolid to interact with serotonergic drugs</td>
<td>1660.60*</td>
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<td><strong>Others</strong></td>
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| Ceftaroline fosamil – Teflaro (Allergan) | 400, 600 mg single-use vials | 600 mg IV q12h x 5-14 days
Infuse over 5-60 minutes
CrCl >30-<50 mL/min: 400 mg IV q12h
CrCl >15-<30 mL/min: 300 mg IV q12h
ESRD, including hemodialysis: 200 mg IV q12h | 2 months—2 years of age: 8 mg/kg q8h
≥2 yrs and <33 kg: 12 mg/kg q8h
≥2 yrs and ≥33 kg: 400 mg q8h or 600 mg q12h | ▶ Parenteral cephalosporin
▶ FDA-approved for complicated skin and skin structure infections caused by susceptible gram-positive organisms, including MRSA
▶ Alternative option for treatment of MRSA skin and soft-tissue infections in hospitalized patients | $1754.50 |
| Daptomycin – generic Cubicin (Merck) Cubicin RF | 500 mg single-use vials | 4 mg/kg IV q24h x 7-14 days
Inject over a 2-minute period or infuse over 30 minutes
CrCl <30 mL/min including hemodialysis and CAPD: 4 mg/kg IV q48h after hemodialysis | 1-2 yrs: 10 mg/kg q24h infused over 60 minutes
2-6 yrs: 9 mg/kg q24h infused over 60 minutes
7-11 yrs: 7 mg/kg q24h infused over 30 minutes
12-17 yrs: 5 mg/kg q24h infused over 30 minutes | ▶ Lipopeptide antibiotic
▶ FDA-approved for complicated skin and skin structure infections caused by susceptible gram-positive organisms, including MRSA
▶ Alternative option for treatment of MRSA skin and soft-tissue infections in hospitalized patients
▶ Associated with creatine phosphokinase (CPK) elevations and myopathy | 3118.10 3118.40 3118.40 |
| Delafloxacin – Baxdela (Melinta) | 300 mg single-use vials | 300 mg IV q12h x 5-14 days
Infuse over 60 minutes
eGFR 15-29 mL/min/1.73 m²: 200 mg IV q12h | Not FDA-approved for pediatric use | ▶ Broad-spectrum fluoroquinolone
▶ FDA-approved for ABSSSIs caused by susceptible gram-positive organisms, including MRSA
▶ Not recommended for routine empiric treatment of ABSSSIs
▶ Also available in an oral formulation (see oral antibiotics on page e62) | 1325.00 |
| **Oral Antibiotics** | | | | | |
| **Tetracyclines** | | | | | |
| Doxycycline – generic Vibramycin (Pfizer) | 50, 75, 100 mg caps; 50, 75, 100, 150 mg tabs; 25 mg/5 mL susp 100 mg caps; 25 mg/5 mL susp | 100 mg PO q12h x 5 days | ≥8 yrs: 2 mg/kg q12h
Not recommended for children <8 years old | ▶ A regimen of choice for treatment of outpatients | 13.60 119.60 |
| Minocycline – generic Minocin | 50, 75, 100 mg caps; 50, 75, 100 mg tabs 50, 100 mg caps | 200 mg PO once, then 100 mg q12h x 5 days | ≥8 yrs: 4 mg/kg x 1, then 2 mg/kg q12h
Not recommended for children <8 years old | ▶ An alternative regimen for treatment of outpatients | 17.50 490.10 |
### Comparison Table: Some Drugs for Treatment of MRSA Skin and Skin Structure Infections (continued)

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<td><strong>Oxazolidinones</strong></td>
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| Linezolid – generic Zyvox (Pfizer)                                 | 600 mg tabs; 100 mg/5 mL soln | 600 mg PO q12h x 5 days | <12 yrs: 10 mg/kg q8h ≥12 yrs: 10 mg/kg q12h | ▶ An alternative regimen for treatment of outpatients  
▶ Also available in an IV formulation (see parenteral antibiotics on page e60)  
▶ Bone marrow suppression, particularly thrombocytopenia; risk greater with treatment for >10 days; monitor CBC weekly in patients treated for >7-10 days  
▶ Weak MAO inhibitor; contraindicated for use with or within 14 days of an MAO inhibitor and may cause serotonin syndrome if coadministered with serotonergic drugs | $269.80$  
$2185.30$ |
| Tedizolid phosphate – Sivextro (Merck)                             | 200 mg tabs                 | 200 mg PO q24h x 6 days | Not FDA-approved for pediatric use | ▶ FDA-approved for complicated skin and skin structure infections caused by susceptible gram-positive organisms, including MRSA  
▶ Alternative option for treatment of MRSA skin and soft-tissue infections in outpatients  
▶ Also available in an IV formulation (see parenteral antibiotics on page e60)  
▶ Less likely to cause thrombocytopenia than linezolid  
▶ Weak, reversible inhibitor of MAO in vitro; may be less likely than linezolid to interact with serotonergic drugs | $2084.60$ |
| **Others**                                                               |                             |                    |                        |                                                                                                                                                                                                         |       |
| Clindamycin – generic                                          | 150, 300 mg caps            | 300-450 mg PO tid-qid x 5 days | 10-13 mg/kg q6-8h | ▶ A regimen of choice for treatment of outpatients  
▶ Local rates of MRSA resistance to clindamycin can vary  
▶ More likely than other empiric choices to cause Clostridium difficile infection | 10.80 |
| Delafloxacin – Baxdela (Melinta)                                    | 450 mg tabs                 | 450 mg PO q12h x 5 -14 days | Not FDA-approved for pediatric use | ▶ Broad-spectrum fluoroquinolone  
▶ FDA-approved for ABSSSIs caused by susceptible gram-positive organisms, including MRSA  
▶ Not recommended for routine empiric treatment of ABSSSIs  
▶ Also available in an IV formulation (see parenteral antibiotics on page e61) | $675.00$ |
| Trimethoprim/sulfamethoxazole (TMP/SMX) – generic Bactrim DS       | 160 mg/800 mg tabs          | 1-2 DS tabs PO q12h x 5 days | 4-6 mg/kg TMP q12h | ▶ A regimen of choice for treatment of outpatients  
▶ Can cause hyperkalemia (TMP) | 2.00 |

ABSSSIs = acute bacterial skin and skin structure infections; CAPD = continuous ambulatory peritoneal dialysis; ESRD = end-stage renal disease; MRSA = methicillin-resistant Staphylococcus aureus

1. Approximate WAC for treatment of a 70-kg patient with the usual adult dosage for the shortest recommended duration. WAC = wholesaler acquisition cost or manufacturer’s published price to wholesalers. WAC represents a published catalogue or list price and may not represent an actual transactional price. Source: AnalySource® Monthly. March 5, 2018. Reprinted with permission by First Databank, Inc. All rights reserved. ©2018. www.fdbhealth.com/policies/drug-pricing-policy.
3. Cost for three 500-mg vials.
4. Cost for IV formulation.
5. Cost for oral formulation.