UnitedHealthcare Community Plan

Clinical Pharmacy Program Guidelines for Zyvox

Program	Prior Authorization
Medication	Zyvox (linezolid)
Issue Date	6/2009
Pharmacy and Therapeutics Approval Date	11/2017
Effective Date	1/2018

1. Background:

Drug Name: Zyvox (linezolid)

Indications

Zyvox (linezolid) is indicated for the treatment of infections caused by susceptible strains of Gram-positive microorganisms in the specific conditions listed below:

1) **Nosocomial pneumonia**
   Caused by *Staphylococcus aureus* (methicillin-susceptible and -resistant isolates) or Streptococcus pneumoniae.
2) **Community-acquired pneumonia**
   Caused by *Streptococcus pneumoniae*, including cases with concurrent bacteremia, or Staphylococcus aureus (methicillin-susceptible isolates only).
3) **Complicated skin and skin structure infections, including diabetic foot infections, without concomitant osteomyelitis**
   Caused by *Staphylococcus aureus* (methicillin-susceptible and -resistant isolates), *Streptococcus pyogenes*, or *Streptococcus agalactiae*. Zyvox has not been studied in the treatment of decubitus ulcers.
4) **Uncomplicated skin and skin structure infections**
   Caused by *Staphylococcus aureus* (methicillin-susceptible isolates only) or Streptococcus pyogenes.
5) **Vancomycin-Resistant *Enterococcus faecium* infection**
   Including cases with concurrent bacteremia.

Zyvox is NOT indicated for the treatment of Gram-negative infections. It is critical that specific Gram-negative therapy be initiated immediately if a concomitant Gram-negative pathogen is documented or suspected.

2. Coverage Criteria:

A. <u>Nosocomial pneumonia</u>

1. **Zyvox (tablets or suspension)** will be approved based on the following:

   a. One of the following:

      (1) As continuation of therapy when transitioning from one of the following:
      - Intravenous vancomycin
      - Intravenous Zyvox therapy
      - Intravenous telavancin therapy

      -OR-

      (2) For continuation of therapy upon hospital discharge

      -OR-

      (3) Both of the following:

         (a) Diagnosis of nosocomial pneumonia

         -AND-

         (b) Infection caused by methicillin-resistant *Staphylococcus aureus* (MRSA) documented by culture and sensitivity report

      -OR-

      (4) All of the following:

         (a) Diagnosis of nosocomial pneumonia

         -AND-

         (b) Infection caused by one of the following:

         - Methicillin-susceptible *Staphylococcus aureus* (MSSA) documented by culture and sensitivity report

- *Streptococcus pneumoniae* (including multi-drug resistant strains [MDRSP]) documented by culture and sensitivity report

-AND-

(c) One of the following:

i. History of failure, contraindication, or intolerance to two of the following antibiotics:
- Ceftriaxone
- Cefotaxime
- Levofloxacin
- Moxifloxacin
- Ampicillin/sulbactam
- A carbapenem

-OR-

ii. History of resistance to all of the following antibiotics:
- Ceftriaxone
- Cefotaxime
- Levofloxacin
- Moxifloxacin
- Ampicillin/sulbactam
- A carbapenem

Authorization will be issued for 21 days.

B. <u>Community-acquired pneumonia</u>

1. **Zyvox (tablets or suspension)** will be approved based on the following:

a. One of the following:

(1) As continuation of therapy when transitioning from one of the following:
- Intravenous vancomycin
- Intravenous tigecycline
- Intravenous Zyvox therapy

-OR-

(2) For continuation of therapy upon hospital discharge

-OR-

(3) Both of the following:

(a) Diagnosis of community-acquired pneumonia

-AND-

(b) Infection caused by methicillin-resistant *Staphylococcus aureus* (MRSA) documented by culture and sensitivity report (Off-label)

-OR-

(4) All of the following:

(a) Diagnosis of community-acquired pneumonia

-AND-

(b) Infection caused by methicillin-susceptible *Staphylococcus aureus* (MSSA) documented by culture and sensitivity report

-AND-

(c) One of the following:

i. History of failure, contraindication, or intolerance to two of the following antibiotics:
- Clindamycin
- Dicloxacillin
- A cephalosporin

-OR-

ii. History of resistance to all of the following antibiotics:
- Clindamycin
- Dicloxacillin
- A cephalosporin

-OR-

(5) All of the following:

(a) Diagnosis of community-acquired pneumonia

-AND-

(b) Infection caused by *Streptococcus pneumoniae* (including multi-drug resistant strains [MDRSP]) documented by culture and sensitivity report

-AND-

(c) One of the following:

i. History of failure, contraindication, or intolerance to two of the following antibiotics:
- A penicillin
- A macrolide
- A cephalosporin
- A tetracycline
- A fluoroquinolone
- Clindamycin

-OR-

ii. History of resistance to all of the following antibiotics:
- A penicillin
- A macrolide
- A cephalosporin
- A tetracycline
- A fluoroquinolone
- Clindamycin

Authorization will be issued for 21 days.

C. <u>Complicated skin and skin structure infections</u>

1. **Zyvox (tablets or suspension)** will be approved based on the following:

a. One of the following:

(1) As continuation of therapy when transitioning from one of the following:
- Intravenous daptomycin
- Intravenous vancomycin
- Intravenous tigecycline
- Intravenous telavancin
- Intravenous Zyvox therapy

-OR-

(2) For continuation of therapy upon hospital discharge

-OR-

(3) Both of the following:

(a) One of the following diagnoses:

i. All of the following:
- Complicated skin and skin structure infections (including diabetic foot infections)
- Patient does not have osteomyelitis
- Infection caused by methicillin-resistant *Staphylococcus aureus* (MRSA) documented by culture and sensitivity report

-OR-

ii. All of the following:
- Empirical treatment of patients with complicated skin and skin structure infections (including diabetic foot infections)
- Patient does not have osteomyelitis
- Presence of MRSA infection is likely

-AND-

(b) One of the following:

i. History of failure, contraindication, or intolerance to one of the following antibiotics:
- Sulfamethoxazole-trimethoprim (SMZ-TMP)
- A tetracycline
- Clindamycin

-OR-

ii. History of resistance to all of the following antibiotics:
- Sulfamethoxazole-trimethoprim (SMZ-TMP)
- A tetracycline
- Clindamycin

-OR-

(4) All of the following:

(a) Diagnosis of complicated skin and skin structure infections (including diabetic foot infections)

-AND-

(b) Patient does not have osteomyelitis

-AND-

(c) Infection caused by one of the following:
- Methicillin-susceptible *Staphylococcus aureus* (MSSA) documented by culture and sensitivity report
- *Streptococcus pyogenes* documented by culture and sensitivity report
- *Streptococcus agalactiae* documented by culture and sensitivity report

-AND-

(d) One of the following:

i. History of failure, contraindication, or intolerance to two of the following antibiotics:
- Dicloxacillin
- A cephalosporin
- A tetracycline
- Amoxicillin/clavulanate
- Clindamycin
- Sulfamethoxazole-trimethoprim (SMZ-TMP)
- A fluoroquinolone

-OR-

ii. History of resistance to all of the following antibiotics:
- Dicloxacillin
- A cephalosporin
- A tetracycline
- Amoxicillin/clavulanate
- Clindamycin
- Sulfamethoxazole-trimethoprim (SMZ-TMP)
- A fluoroquinolone

Authorization will be issued for 14 days.

D. <u>Uncomplicated skin and skin structure infections</u>

1. **Zyvox (tablets or suspension)** will be approved based on the following:

   a. One of the following:

      (1) As continuation of therapy when transitioning from one of the following:
      - Intravenous daptomycin
      - Intravenous vancomycin
      - Intravenous tigecycline
      - Intravenous telavancin
      - Intravenous Zyvox therapy

      -OR-

      (2) For continuation of therapy upon hospital discharge

      -OR-

      (3) Both of the following:

         (a) One of the following diagnoses:

            i. Both of the following:
            - Uncomplicated skin and skin structure infections
            - Infection caused by methicillin-resistant *Staphylococcus aureus* (MRSA) documented by culture and sensitivity report (off-label)

            -OR-

            ii. Both of the following:
            - Empirical treatment of patients with uncomplicated skin and skin structure infections
            - Presence of MRSA infection is likely

         -AND-

         (b) One of the following:

            i. History of failure, contraindication, or intolerance to one of the

following antibiotics:

- Sulfamethoxazole-trimethoprim (SMZ-TMP)
- A tetracycline
- Clindamycin

-OR-

ii. History of resistance to all of the following antibiotics:

- Sulfamethoxazole-trimethoprim (SMZ-TMP)
- A tetracycline
- Clindamycin

-OR-

(4) All of the following:

(a) Diagnosis of uncomplicated skin and skin structure infections

-AND-

(b) Infection caused by one of the following:

- Methicillin-susceptible *Staphylococcus aureus* (MSSA) documented by culture and sensitivity report
- *Streptococcus pyogenes* documented by culture and sensitivity report

-AND-

(c) One of the following:

i. History of failure, contraindication, or intolerance to two of the following antibiotics:

- Dicloxacillin
- A cephalosporin
- A tetracycline
- Amoxicillin/clavulanate
- Clindamycin
- Sulfamethoxazole-trimethoprim (SMZ-TMP)
- A fluoroquinolone

-OR-

ii. History of resistance to all of the following antibiotics:

- Dicloxacillin
- A cephalosporin
- A tetracycline
- Amoxicillin/clavulanate
- Clindamycin
- Sulfamethoxazole-trimethoprim (SMZ-TMP)
- A fluoroquinolone

Authorization will be issued for 14 days.

E. <u>Invasive Vancomycin-resistant *Enterococcus faecium* (VRE) infection</u>

1. **Zyvox (tablets or suspension)** will be approved based on the following:

   a. One of the following:

      (1) As continuation of therapy when transitioning from one of the following:
      - Intravenous daptomycin
      - Intravenous Zyvox therapy

      -OR-

      (2) For continuation of therapy upon hospital discharge

      -OR-

      (3) Invasive infection caused by vancomycin-resistant *Enterococcus* faecium (VRE) documented by culture and sensitivity report

Authorization will be issued for 6 weeks.

F. <u>Symptomatic lower urinary tract VRE infection</u>

1. **Zyvox (tablets or suspension)** will be approved based on the following:

   a. One of the following:

      (1) As continuation of therapy when transitioning from one of the following:
      - Intravenous daptomycin
      - Intravenous Zyvox therapy

      -OR-

(2) For continuation of therapy upon hospital discharge

-OR-

(3) All of the following:

(a) Diagnosis of symptomatic lower urinary tract infections

-AND-

(b) Infection caused by vancomycin-resistant *Enterococcus faecium* (VRE) documented by culture and sensitivity report

-AND-

(c) One of the following:

i. History of failure, contraindication, or intolerance to one of the following antibiotics:
- Nitrofurantoin
- Doxycycline

-OR-

ii. History of resistance to both of the following antibiotics:
- Nitrofurantoin
- Doxycycline

Authorization will be issued for 28 days.

G. Off-Label Uses

1. **Zyvox (tablets or suspension)** will be approved based on one of the following:

a. As continuation of therapy when transitioning from intravenous Zyvox therapy

-OR-

b. For continuation of therapy upon hospital discharge

-OR-

c. The drug has been recognized for treatment of the indication by the

Infectious Diseases Society of America (IDSA).

Authorization duration based on provider and IDSA recommended treatment durations, up to 6 months.

3. References:

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Program	Prior Authorization
Change Control	
Date	Change
6/2009	Criteria taken from previously approved Unison (RX06 Zyvox) and AmeriChoice policies. Policy was reformatted.
12/2010	Annual Review.
6/2011	Annual Review
6/2012	Annual Review
3/2013	Thorough update of clinical criteria. Created sections for the following indications: ▪ Vancomycin-resistant *Enterococcus faecium* (VRE) infection ▪ Nosocomial pneumonia ▪ Community-acquired pneumonia ▪ Complicated skin and skin structure infections ▪ Uncomplicated skin and skin structure infections ▪ Chronic osteomyelitis or prosthetic joint infection (Off-label) ▪ Nocardiosis (Off-label) ▪ Multi-drug resistant (MDR) *Enterococcus spp* urinary tract infection (Off-label) Added dosing, availability, background, and endnotes section and Updated references.
12/2015	Annual Review. Template updated to align with standard UHC current guideline template. No changes were made to the policy other than the new template format.
11/2016	Annual review, updated policy template
11/2017	Added approval criteria for transition from intravenous telavancin to nosocomial pneumonia. Removed off-label indications and

	added general statement about use for off-label indications needing to be recommended by IDSA or for continuation of therapy.