Clinical Policy: Linezolid (Zyvox)

Reference Number: PA.CP.PMN.27
Effective Date: 01/18
Last Review Date: 04/18

Coding Implications
Revision Log

Description
Linezolid (Zyvox®) is a synthetic antibacterial agent of the oxazolidinone class.

FDA approved indication
Zyvox is indicated in adults and children for the treatment of the following infections caused by susceptible Gram-positive bacteria:

- Nosocomial pneumonia caused by Staphylococcus aureus (methicillin-susceptible and -resistant isolates) or Streptococcus pneumoniae;
- Community-acquired pneumonia caused by Streptococcus pneumoniae, including cases with concurrent bacteremia, or Staphylococcus aureus (methicillin-susceptible isolates only);
- 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;
- Uncomplicated skin and skin structure infections caused by Staphylococcus aureus (methicillin-susceptible isolates only) or Streptococcus pyogenes;
- Vancomycin-resistant Enterococcus faecium infections, including cases with concurrent bacteremia.

Policy/Criteria
Provider must submit documentation (including office chart notes and lab results) supporting that member has met all approval criteria

It is the policy of Pennsylvania Health and Wellness ® that Zyvox tablets and/or oral suspension are **medically necessary** when the following criteria are met:

I. Initial Approval Criteria (must meet all):
A. All FDA Approved Indications (must meet all):
1. Prescribed by or in consultation with an infectious disease specialist;
2. Culture and sensitivity (C&S) report dated within the past 7 days shows isolated pathogen is a gram-positive bacteria susceptible to linezolid, unless provider submits documentation that obtaining a C&S report is not feasible;
3. Member meets one of the following (a, b, c, d, or e):
   a. Failure of ≥ 2* formulary antibiotics to which the isolated pathogen is susceptible, unless all are contraindicated or clinically significant adverse effects are experienced;
   b. C&S report shows resistance of the isolated pathogen to all formulary antibiotics FDA-approved for member's diagnosis;
   c. Provider documents that obtaining a C&S report is not feasible, and member has tried and failed 2* formulary antibiotics indicated for member's diagnosis, unless all are contraindicated or clinically significant adverse effects are experienced;

d. Formulary antibiotics are not indicated for member's diagnosis;
4. Dose does not exceed 1200 mg/day (2 tablets per day).

e. Member has been discharged from the hospital on linezolid.
Approval duration: Duration of request or 28-day supply (whichever is less)

B. Other diagnoses/indications – Refer to PA.CP.PMN.53 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized)

II. Continued Therapy

A. All FDA Approved Indications (must meet all)**:**

1. Currently receiving medication via Pennsylvania Health and Wellness benefit; or the Continuity of Care policy (PA.LTSS.PHAR.01) applies;
2. Member is responding positively to therapy;
3. Member has not received ≥ 28 days of therapy for **current** infection;
4. If request is for a dose increase, new dose does not exceed 1200 mg/day.

Approval duration:
Duration of request or up to 28 days of total treatment (whichever is less)

B. Other diagnoses/indications (must meet 1 or 2)**:**

1. Currently receiving medication via Pennsylvania Health and Wellness benefit and documentation supports positive response to therapy; or the Continuity of Care policy (PA.LTSS.PHAR.01) applies; or
2. Refer to PA.CP.PMN.53 if requested indication is NOT listed under section III (Diagnoses/Indications for which coverage is NOT authorized)

Approval duration: Duration of request or up to 28 days of total treatment (whichever is less)

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off-label use policy – PA.CP.PMN.53 or evidence of coverage documents

IV. Appendices/General Information

Appendix A: Abbreviation Key
MDRSP: multidrug-resistant Streptococcus pneumoniae
MRSA: methicillin-resistant Staphylococcus aureus
PDL: preferred drug list
VRE: vancomycin-resistant enterococci

V. Dosage and Administration

	Dosage, Route, and Frequency of Administration	

Infection	Pediatric Patients	Adults and Adolescents	Duration (days)
Nosocomial pneumonia	10 mg/kg oral every 8 hours	600 mg oral every 12 hours	10 to 14
Community-acquired pneumonia, including concurrent bacteremia			
Complicated skin and skin structure infections			
Vancomycin-resistant Enterococcus faecium infections, including concurrent bacteremia	10 mg/kg oral every 8 hours	600 mg oral every 12 hours	14 to 28
Uncomplicated skin and skin structure infections	< 5 years: 10 mg/kg oral every 8 hours 5–11 years: 10 mg/kg oral every 12 hours	Adults: 400 mg oral every 12 hours Adolescents: 600 mg oral every 12 hours	10 to 14

VI. Product Availability

- Tablet: 600 mg linezolid;
- Oral suspension: 100 mg of linezolid per each 5 mL.

VII. References

1. Zyvox Prescribing Information. New York, NY; Pfizer Inc.; February 2018. Available at: http://www.zyvox.com/. Accessed February 22, 2018.
2. Linezolid Monograph. Clinical Pharmacology. Accessed February 2018. http://www.clinicalpharmacology-ip.com.
3. Stevens DL, Bisno AL, Chambers HF, et al. Practice guidelines for the diagnosis and management of skin and soft tissue infections: 2014 update by the infectious diseases society of America. Clin Infect Dis 2014; Jul 15;59(2):147-59.
4. Ament PW, Jamshed, N., Horne JP. Linezolid: Its Role in the Treatment of Gram-Positive, Drug-Resistant Bacterial Infections. Am Fam Physician. 2002 Feb 15;65(4):663-671. www.aafp.org/afp/20020215/663.html.
5. C Liu et al. Management of Patients with Infections Caused by Methicillin-Resistant Staphylococcus Aureus: Clinical Practice Guidelines by the Infectious Diseases Society of America (IDSA Clinical Infectious Diseases; 2011;52:1-38.

Reviews, Revisions, and Approvals	Date	Approval Date
2Q 2018 annual review: modified criteria to allow for cases in which obtaining C&S report is not feasible per documentation from the provider; removed language specifying "Isolated pathogen is VRE" since VRE is gram-positive and policy covers gram positive bacteria; added max dose requirement in initial approval criteria; references reviewed and updated.	03.06.18	

Reviews, Revisions, and Approvals	Date	Approval Date