



## Manual Prior Authorization

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### **SIVEXTRO® (tedizolid phosphate) and ZYVOX® (linezolid)**

#### **ANTIBIOTICS: OXAZOLIDINONES**

##### **FDA approved uses for Sivextro®:**

Treatment of acute bacterial skin and skin structure infections (ABSSSI) caused by susceptible isolates of the Gram –positive microorganisms: Staphylococcus aureus (including methicillin-resistant [MRSA] and methicillin-susceptible [MSSA] isolates), Streptococcus pyogenes, Streptococcus agalactiae, Streptococcus anginosus Group (including Streptococcus anginosus, Streptococcus intermedius, and Streptococcus constellatus), and Enterococcus faecalis.

##### **FDA approved uses for Zyvox®:**

(1) Vancomycin-resistant Enterococcus faecium infections. (2) Nosocomial pneumonia-caused by Staphylococcus aureus (methicillin resistant (MRSA) and susceptible strains), Streptococcus pneumoniae (penicillin susceptible strains). (3) Complicated skin and skin structure infections caused by Staphylococcus aureus (methicillin resistant (MRSA) and susceptible strains), Streptococcus pyogenes, or Streptococcus agalactiae. (4) uncomplicated skin and skin structure infections caused by Staphylococcus aureus (methicillin susceptible strains only) or Streptococcus pyogenes. (5) Community-acquired pneumonia caused by Streptococcus pneumoniae (penicillin susceptible strains) or Staphylococcus aureus (methicillin susceptible strains only).

##### **Prior Authorization Criteria:**

- Prescriber is ,or has consulted with an infectious disease specialist **AND**
- For Sivextro®: 18 years or older **AND**
- Diagnosis of FDA approved indication **AND**
- Must have failed treatment with antibiotics to which the organism is susceptible **OR**  
Has a severe allergy to antibiotics to which the organism is susceptible
- When applicable, individual is transitioning intravenous therapy to oral therapy to facilitate a hospital discharge **AND**
- For Sivextro®: Quantity limit 6 tablets

**Last date updated: 03/20/2015**