



Manual Prior Criteria

SIVEXTRO® (*tedizolid phosphate*) PA CRITERIA:

FDA approved uses for Sivextro:

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.

Diagnosis:

Acute bacterial skin and skin structure infections (ABSSSI)

ICD-10 code(s): _____

Authorization Criteria:

Requests for Sivextro (tedizolid phosphate) may be approved if ALL the following criteria are met:

- Yes No Age \geq 18 years **AND**
- Yes No Prescriber is or has consulted with an infectious disease specialist **AND**
- Yes No FDA approved indication **AND**
- Yes No Culture and sensitivity report (dated within past 7 days) confirms the isolated organism is susceptible **AND**
- Yes No Treatment failure, intolerance, and/or contraindication to other antibiotics to which organism is susceptible

Additional information to consider:

When applicable, continuation of therapy when individual is transitioning intravenous therapy to oral therapy to facilitate a hospital discharge

Quantity limit: 6 tablets