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 ≥ 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