

tedizolid tablet (SIVEXTRO)

Diagnosis Considered for Coverage:

- Acute bacterial skin and skin structure infections caused by susceptible Gram-positive microorganisms

Coverage Criteria:

For methicillin-susceptible *Staphylococcus aureus* (MSSA), *Streptococcus* species, or *Enterococcus faecalis*:

- Diagnosis is acute bacterial skin or skin structure infection, **and**
- Patient is at least 12 years of age, **and**
- Prescribed or recommended by an Infectious Disease specialist, **and**
- Dose does not exceed 1 tablet per day for 6 days, **and**
- One of the following:
 - Prescribed by or in consultation with an Infectious Disease specialist, **or**
 - Inadequate response or intolerable side effect with 2 preferred oral medications to which the identified microorganism is sensitive on provided culture and sensitivity report.

For methicillin-resistant *Staphylococcus aureus* (MRSA):

- Diagnosis is acute bacterial skin or skin structure infection, **and**
- Patient is at least 12 years of age, **and**
- Dose does not exceed 1 tablet per day for 6 days, **and**
- One of the following:
 - Prescribed by or in consultation with an Infectious Disease specialist, **or**
 - Documented MRSA on culture and sensitivity report, and inadequate response or intolerable side effect with one preferred oral antibiotic to which the identified microorganism is sensitive on the culture and sensitivity report.

Coverage Duration: 6 days

Effective Date: 6/28/2023