



Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Sivextro™ (tedizolid phosphate)

Review Criteria

Member must meet all the following criteria for specific diagnosis:

- Subject to Preferred Drug List requirements
- Requires a diagnosis of Methicillin-resistant Staphylococcus aureus (MRSA) or enterococcus faecalis resistant to vancomycin
- Culture and sensitivity required

Limitations:

- Maximum approved dose limited to 200mg per day for 6 days