

Priority Health Medicare Prior Authorization Criteria (Part D)

Sivextro®

Products affected

- Sivextro®

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	Culture and sensitivity results showing the patient's infection is not susceptible to alternative antibiotic treatments.
Age restrictions	Must be age 18 or older.
Prescriber restrictions	N/A
Coverage duration	Six days
Other criteria	N/A