



**BAXDELA
(delafloxacin)**

Pre - PA Allowance

Duration 14 day supply every 365 days

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

Patient must have an infection caused by **OR** strongly suspected to be caused by **ONE** of the following:

1. Acute Bacterial Skin and Skin Structure Infections (ABSSSI)
 - Staphylococcus aureus* (methicillin-susceptible)
 - Staphylococcus aureus* (methicillin-resistant)
 - Staphylococcus haemolyticus*
 - Staphylococcus lugdunensis*
 - Streptococcus agalactiae*
 - Streptococcus anginosus* (entire group)
 - Streptococcus pyogenes*
 - Enterococcus faecalis*
 - Escherichia coli*
 - Enterobacter cloacae*
 - Klebsiella pneumoniae*
 - Pseudomonas aeruginosa*
2. Community-Acquired Bacterial Pneumonia (CABP)
 - Streptococcus pneumoniae*
 - Staphylococcus aureus* (methicillin susceptible isolates only)
 - Klebsiella pneumoniae*
 - Escherichia coli*
 - Pseudomonas aeruginosa*
 - Haemophilus influenza*
 - Haemophilus parainfluenzae*
 - Chlamydia pneumoniae*
 - Legionella pneumophila*
 - Mycoplasma pneumoniae*

AND the following:



**BlueCross
BlueShield**

Federal Employee Program.

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1. Inadequate treatment response, intolerance, or contraindication to a first-line antibiotic, such as a macrolide, fluoroquinolone, beta-lactam, or tetracycline

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

Same as above

Prior - Approval *Renewal* Limits

Same as above