

Pre - PA Allowance

Duration 6 day supply every 365 days

Prior - Approval Limits

Age 26 weeks gestational age or older

Diagnoses

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

Acute bacterial skin and skin structure infections (ABSSSI) caused by at least **ONE** of the indicated susceptible bacteria:

- Methicillin Resistant Staphylococcus Aureus (MRSA)
- Methicillin Susceptible Staphylococcus Aureus (MSSA)
- Streptococcus pyogenes
- Streptococcus agalactiae
- Streptococcus anginosus (entire group)
- Streptococcus intermedius
- Streptococcus constellatus
- Enterococcus faecalis

AND ALL of the following:

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

Prior - Approval Limits

Duration 3 months

Prior – Approval *Renewal* Requirements

Same as above

Prior - Approval *Renewal* Limits

Same as above