

RX.PA.043.MPC Dalvance

The purpose of this policy is to define the prior authorization process for Dalvance® (dalbavancin)

Dalvance® (dalbavancin) is indicated for the treatment of adult and pediatric patients with acute bacterial skin and skin structure infections (ABSSSI) caused by designated susceptible strains of Gram-positive microorganisms.

PROCEDURE

A. Initial Authorization Criteria:

1. Acute Bacterial Skin and Skin Structure Infection (ABSSSI):

- Must have documentation of a diagnosis of an acute bacterial skin and skin structure infection caused by a gram-positive organism
AND
- Must have recent culture and sensitivity report to confirm susceptibility to Dalvance
AND
- Trial and failure with all oral antibiotics that the organism is susceptible OR documented allergy or contraindication to all oral antibiotics that the organism is susceptible
AND
- Trial and failure with IV Vancomycin and IV Daptomycin OR culture and sensitivity report that indicates resistance to Vancomycin and Daptomycin

B. Approved Dosing:

- Single Dose Regimen: 1500mg – administered IV over 30 minutes
OR
- Two Dose Regimen: 1,000mg administered as a single dose and 500mg administered one week later

C. Reauthorization Criteria:

Not applicable – each occurrence requires a new prior authorization

D. Dalvance will be considered investigational or experimental for any other use and will not be covered.

Dalvance
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Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	1 month
Reauthorization	N/A

Codes:

Code	Description
J0875	Injection, dalbavancin, 5 mg

REFERENCES

1. Dalvance [package insert]. Madison, NJ: Allergan USA, Inc.; July 2021.

<u>Date of Change</u>	<u>Documented Change</u>
09/16/2021	New policy