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. Must be prescribed at a dose within the manufacturer's dosing guidelines (based on diagnosis, weight, etc) listed in the FDA approved labeling.

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

E. Reauthorization Criteria:

Not applicable – each occurrence requires a new prior authorization

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.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
Annual review	*02/2023*
Annual review	*02/2022*
Addition of dosing requirements	*12/2021*
P&T Review	*11/2021*
New Policy	*09/2021*