Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	June 4, 2015 January 29, 2016, June 8, 2018, December 8, 2021

DALVANCE® (dalbavancin)

LENGTH OF AUTHORIZATION: Up to 2 weeks

INITIAL REVIEW CRITERIA:

- Patient has been diagnosed with a bacterial skin/skin structure infection likely due to a gram-positive organism (e.g., cellulitis or wound abscess). Dalvance® is not indicated for use in other sites of infection such as urinary tract infections or pneumonia; **AND**
- Patient must have medical documentation of trial and failure of vancomycin for the current active infection or a culture and sensitivity report indicating the gram-positive organism is resistant to vancomycin.

DOSING AND ADMINISTRATION:

- Refer to product labeling https://www.accessdata.fda.gov/scripts/cder/daf/
- Available as 500 mg of lyophilized powder in a vial for injection.