Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	February 1, 2022 January 27, 2023

ORBACTIV® or KIMYRSA™ (oritavancin)

LENGTH OF AUTHORIZATION: One Day

INITIAL REVIEW CRITERIA:

- Patient must be ≥ 18 years of age.
- Patient has been diagnosed with an acute bacterial skin/skin structure infection (ABSSSI) likely due to a gram-positive organism (examples include cellulitis, wound abscess). Oritavancin is not indicated for use in other sites of infection such as urinary tract infections.
- Patient must have medical documentation of trial and failure of vancomycin for the current active infection. Contraindications, adverse effects, OR intolerance to a trial with vancomycin must be documented.
- Recent (within 60 days) culture and sensitivity (C&S) results.

DOSING AND ADMINISTRATION:

- Administer 1,200 mg of KIMYRSA as a single dose by intravenous infusion over 1 hour or Administer 1,200 mg of ORBACTIV as a single dose by intravenous infusion over 3 hours
- Refer to product labeling at https://www.accessdata.fda.gov/scripts/cder/daf/