

DALVANCE MEDICATION ORDER

Patient's Name (Last, First, Middle) _____ DOB _____

Patient's height in feet and inches _____ Patient's weight in pounds _____

■ Diagnosis

For Acute Bacterial Skin and Skin Structure Infections (ABSSSI) by gram-positive bacteria – the most specific appropriate diagnosis and code is required.

- Primary ICD-10 Code: _____ Description: _____
- M86.9 Osteomyelitis – Use of this diagnosis as the primary code may result in authorization denial. Is this code primary? _____

■ Details Needed for Approval *Please answer all questions and provide supporting documentation.*

- Does the patient have a diagnosis of ABSSSI? _____
- Have other antibiotics been tried and failed? _____ If yes, provide details on dosage, duration and failure(s).
- Is there a medical reason why oral antibiotics cannot / should not be used? _____ If yes, provide details.
- Was a culture and sensitivity report obtained? _____ If yes, please provide report.
- Is this therapy intended as continuation from inpatient hospital treatment? _____
- Is the provider an Infectious Disease Specialist? _____ If not, was an IDS consulted? _____ If yes, please provide details on consulting IDS provider.
- Does the patient have creatinine clearance of less than 30mL/min? _____ If yes, provide details on their hemodialysis routine.

■ Dalvance (dalbavancin) IV Medication Order

- 1,500mg (3x 500mg bottles) one time only.
- 1,000mg (2x 500mg bottles) at week 0, and 500mg one week later (up to + 2 days)

Medication to be reconstituted with either 25ml of Sterile Water for Injection or 5% Dextrose Injection per 500mg. Gently roll and slowly invert to ensure thorough wetting, do not shake. Add reconstituted medication into 250ml D5W IV bag, mix gently. Infuse over 30-40 minutes. Post infusion flush line. Check vitals and monitor for signs and symptoms of an infusion reaction at start, throughout infusion, and after completion.

■ Rescue Management in case of Infusion Therapy Reaction

These include fever, chills, rigors, headache, rash, itching, swelling, edema, nausea, vomiting, abdominal pain, hypotension, and respiratory distress.

- Stop medication infusion and start normal saline infusion at 50 ml/hr. Call ordering provider to report reaction.
- Follow standing reaction orders, including Diphenhydramine, Methylprednisolone, Albuterol and oxygen as needed. Famotidine 20mg IVP for minor cutaneous reactions which do not respond to diphenhydramine.
- For severe reactions, administer Epi-pen or equivalent and call 911. Repeat if severe symptoms persist.

■ Ordering Provider Authorization

Provider Signature: _____ Name: _____ Date: _____

Address: _____

Phone: _____ Fax: _____ Indiv. NPI #: _____ License: _____

Best Contact Person in Office: _____ Direct Phone to Contact Person: _____

FAX THIS ORDER AND SUPPORTING DOCUMENTATION TO 201-266-0437 OR UPLOAD USING YOUR SECURE DEDICATED WEBPAGE – TO GET A PERSONAL LINK PLEASE CONTACT THE INTAKE TEAM.