



MRN: _____

DOB: _____

Phone: 1-800-809-1265 Fax: 1-866-872-8920

Guidelines for Prescribing DALVANCE® (dalbavancin) (Required documentation with all initial referrals)

Patient Name: _____

Referral Date: _____

____ Include signed and completed **Plan of Treatment**. (MD must complete sections 1-6)
(Infusion order forms & Standard Adverse Reactions orders are available at www.palmettoinfusion.com under Agency/MD tab)

____ Include patient demographic information and insurance information. (Copy of insurance cards if available)

____ **Supporting clinical MD notes to include any lab results and/or tests to support diagnosis.**
• DALVANCE® (dalbavancin) for injection is indicated for the treatment of adult patients with acute bacterial skin and skin structure infections (ABSSSI), caused by susceptible isolates of the following Gram-positive microorganisms: Staphylococcus aureus (including methicillinsusceptible and methicillin-resistant strains), Streptococcus pyogenes, Streptococcus agalactiae, Streptococcus dysgalactiae, Streptococcus anginosus group (including S. anginosus, S. intermedius, S. constellatus) and Enterococcus faecalis (vancomycin susceptible strains).

____ Other as requested: _____

Pre-Screening:

____ Serum Creatinine and ALT results required within last 30-60 days.

**** Warnings/Precautions:** • **Hypersensitivity reactions** have been reported with the use of antibacterial agents including DALVANCE®. Discontinue infusion if signs of acute hypersensitivity occur. Monitor closely patients with known hypersensitivity to glycopeptides (eg, vancomycin, oritavancin, telavancin). • Infusion-related reactions have been reported. DALVANCE® is administered via intravenous infusion, using a total infusion time of 30 minutes to minimize the risk of infusion-related reactions. Rapid intravenous infusions of DALVANCE® can cause reactions that resemble “Red-Man Syndrome,” including flushing of the upper body, urticaria, pruritus, and/or rash. Stopping or slowing the infusion may result in cessation of these reactions. • **Clostridium difficile-associated diarrhea:** Evaluate patients if diarrhea occurs. • **Development of Drug Resistant Bacteria:** Prescribing DALVANCE® in the absence of a proven or strongly suspected bacterial infection is unlikely to provide benefit to the patient and increases the risk of the development of drug resistant bacteria. • **Hepatic Effects:** ALT elevations with DALVANCE® treatment were reported in clinical trials. Caution should be exercised when prescribing to patients with moderate or severe hepatic impairment. • **Dosage in Patients with Renal Impairment:** In patients with renal impairment whose known creatinine clearance is less than 30 mL/min and who are not receiving regularly scheduled hemodialysis, dosing adjustment is suggested. No dosage adjustment is recommended for patients receiving regularly scheduled hemodialysis, and DALVANCE® can be administered without regard to the timing of hemodialysis. See full prescribing information

Palmetto Infusion Services will complete insurance verification and submit all required clinical documentation to the patient’s insurance company for eligibility. Our office will notify you if any further information is required. We will review financial responsibility with the patient and refer them to any available Co-pay assistance as required. Thank you for the referral.

Please fax all information to 1-866-872-8920 or call 1-800-809-1265 for assistance.