MEDICATION POLICY:
Dalvance (dalbavancin)

Generic Name: dalbavancin

Therapeutic Class or Brand Name: Dalvance

Applicable Drugs: Dalvance (dalbavancin)

Preferred: N/A

Non-preferred: N/A

Date of Origin: 8/4/2026

Date Last Reviewed / Revised: N/A

Prior Authorization Criteria

(May be considered medically necessary when criteria I to VI are met.)

I. Documented diagnosis of severe acute bacterial skin and skin structure infection (ABSSSI).

II. Positive culture demonstrating susceptible strains of the following Gram-positive microorganisms: *Staphylococcus aureus* (including methicillin susceptible and methicillin-resistant isolates), *Streptococcus pyogenes, Streptococcus agalactiae*, *Streptococcus dysgalactiae*, *Streptococcus anginosus* group (including *S. anginosus, S. intermedius, S. constellatus*) and *Enterococcus faecalis* (vancomycin susceptible isolates).

III. Documented treatment failure or contraindication to vancomycin.

IV. Treatment must be prescribed by or in consultation with a dermatologist or infectious disease specialist.

V. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.

VI. Refer to the plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have a documented failure, intolerance, or contraindication to a preferred product(s).

Exclusion Criteria

- N/A

Other Criteria

- N/A

Quantity / Days Supply Restrictions

Dalvance is available as a 500 mg IV solution vial.

- Quantity limits:
    - Adults: single or two-dose regimen as outlined in Table 1.

- Pediatric patients with CrCl 30 mL/min/1.73m^2: weight-based single dose regimen as outlined in Table 2.

APPROVAL LENGTH

- **Authorization:** 30 days
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing positive clinical response.

APPENDIX

Table 1. FDA-labeled dosage for adult patients.

Estimated Creatinine Clearance (CrCl)	Single Dose Regimen	Two-Dose Regimen
30 mL/min and above or on regular hemodialysis	1,500 mg	1,000 mg followed one week later by 500 mg
Less than 30 mL/min and not on regular hemodialysis	1,125 mg	750 mg followed one week later by 375 mg

Table 2. FDA-labeled dosage for pediatric patients with CrCl 30 mL/min/1.73m^2 and above.

Age Range	Dosage (Single Dose Regimen)
Birth to less than 6 years	22.5 mg/kg (maximum of 1,500 mg)
6 to less than 18 years	18 mg/kg (maximum of 1,500 mg)

REFERENCES

1. Dalvance. Prescribing Information. Allergan Pharmaceuticals, Inc.; 2025. Accessed August 4, 2026. https://www.accessdata.fda.gov/drugsatfda_docs/label/2025/021883Orig1s012lbl.pdf
2. Dennis L. Stevens, Alan L. Bisno, Henry F. Chambers, E. Patchen Dellinger, Ellie J. C. Goldstein, Sherwood L. Gorbach, Jan V. Hirschmann, Sheldon L. Kaplan, Jose G. Montoya, James C. Wade, Practice Guidelines for the Diagnosis and Management of Skin and Soft Tissue Infections: 2014 Update by the Infectious Diseases Society of America, Clinical Infectious Diseases, Volume 59, Issue 2, 15 July 2014, Pages e10–e52, https://doi.org/10.1093/cid/ciu296