



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	May 20, 2015

ORBACTIV® (oritavancin)

LENGTH OF AUTHORIZATION: 1 DAY

REVIEW CRITERIA:

- Patient must be ≥ 18 years of age.
- Patient has been diagnosed with a bacterial skin/skin structure infection likely due to a gram positive organism (examples include cellulitis, wound abscess). Orbactiv 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 or a culture and sensitivity report indicating the gram positive organism is resistant to vancomycin
- A recent (within past 60 days) culture and sensitivity (C&S) must be submitted.

DOSING:

- The recommended dosing for Orbactiv is 1200mg IV for three hours x 1 dose.