



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

### **ORBACTIV® or KIMYRSA™ (oritavancin)**

**LENGTH OF AUTHORIZATION:** One Day

**INITIAL REVIEW CRITERIA:**

- Patient must be  $\geq 18$  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 and intolerance to prior trials must be documented.
- Recent (within 60 days) culture and sensitivity (C&S) results.

**DOSING AND ADMINISTRATION:**

- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>