

Oritavancin



Included Products: Kimyrsa (oritavancin)

Nonformulary for outpatient benefit. PA required on medical benefit.

Created: 09/09/2021

Revised: 09/09/2021

Reviewed: 07/14/2022

Updated: 08/01/2022

All Diagnoses

| Initial Criteria | | If yes | If no |
|------------------|---|----------------------|-----------------|
| 1. | Is the request by an infectious disease specialist (or in consultation with)? | Continue to #2. | Do not approve. |
| 2. | Is the indication medically appropriate? | Continue to #3 | Do not approve. |
| 3. | Is there a medical reason Orbactiv cannot be used? | Approve for one dose | Do not approve. |