

Dalvance (dalbavancin) Order Form

Patient Name: _____ DOB: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

1. Required Documentation - Please submit the following with signed order form:

- Insurance information • Demographics • Clinical/progress notes • History & physical
- Relevant labs/tests: serum creatinine, supporting documentation of diagnosis (ex. cultures/susceptibilities)
- **List tried and failed therapies, including duration of treatment (required to obtain authorization):**

- 1) _____
- 2) _____
- 3) _____

2. Patient information:

Male Female Height: _____ in cm Weight: _____ lbs kg
 Allergies: _____ NKDA Line type: PIV PICC Port No. of lumens _____

3. Diagnosis and ICD 10 Code

- Cellulitis of unspecified part of limb (L03.119) Cellulitis of left upper limb (L03.114)
 Cellulitis of right upper limb (L03.113) Cellulitis of left lower limb (L03.116)
 Cellulitis of right lower limb (L03.115) Other: _____ ICD10: _____

4. Prescription Information: Dalvance 500 mg vials

Normal Renal Function CrCl ≥30 mL/min (or on regular hemodialysis)	Renal Dosing CrCl <30 mL/min (& not on regular hemodialysis)
Dalvance (select one): <input type="checkbox"/> 1500 mg IV once <input type="checkbox"/> 1000 mg followed one week later by 500 mg IV <input type="checkbox"/> 1500 mg followed 7-14 days later by 1500 mg IV	Dalvance (select one): <input type="checkbox"/> 1125 mg IV once <input type="checkbox"/> 750 mg followed one week later by 375 mg IV
Other: Dalvance _____ mg IV every _____ weeks for a total of _____ doses	
Directions	Prepare product for IV infusion per manufacturer guidelines using compatible IV solution Infuse IV over 30 minutes as tolerated
Quantity & Refills	Dispense quantity sufficient to complete prescribed regimen. No refills unless otherwise stated. Dispense all medical supplies necessary for infusion Other: _____

5. Additional Orders:

RN to start peripheral IV or use existing CVC and administer catheter flushing per PromptCare Policy & Procedure*
 *Note: If same IV line is used to administer drugs in addition to Dalvance, flush with dextrose 5% per manufacturer

6. Adverse Reaction Orders: Standard anaphylaxis kit to be dispensed and dosed per protocol: Epinephrine IM/SQ (1 mg/mL vial), diphenhydramine IV/IM (50 mg/mL vial), and NS IV. Additional orders: _____

7. Prescriber Information

Prescriber Name: _____ Office Contact: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 License #: _____ DEA #: _____ NPI: _____

Physician Signature (Substitution Permitted) Date **Physician Signature (Dispense as Written)** Date