ORBACTIV (oritavancin diphosphate)

Plan Limitations:
- Applies to all Blue Shield of California Medicare Part D plans

Diagnoses Considered for Coverage:
- All FDA-approved indications not otherwise excluded from Part D

Coverage Criteria:

1) **Treatment of acute bacterial skin and soft tissue or skin structure infection (ABSSSI):**
   - Patient is 18 years of age or older, AND
   - Orbactiv is prescribed or recommended by an Infectious Disease Specialist, AND
   - Patient has tried and failed or has contraindication to oral antibiotics, AND
   - Dose does not exceed FDA label maximum, AND
   - Culture and sensitivity report documents one of the following:
     - Methicillin-resistant Staphylococcus aureus infection (MRSA) in a patient with an allergy or contraindication to vancomycin, OR
     - Vancomycin-insensitive Staphylococcus aureus (VISA), OR
     - Vancomycin-resistant Staphylococcus aureus (VRSA).

Coverage Duration:
- One treatment course

Updated 01/2017