

# Dalbavancin (Dalvance)



Provider Order Form Revised 2/27/2026

**PROVIDERS: Please include the following information to expedite the order:**  
Patient Demographic, most recent Office Visit Note, Insurance Information, CMP, cultures, Recent Labs

### PATIENT INFORMATION

Referral Status:  New Referral  Updated Order  Order Renewal

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
ICD-10 code:  Z16.11  Z16.21  Z16.22  Z16.24  Z16.35  A49.01  A49.02  Other: \_\_\_\_\_  
ICD 10 Description: \_\_\_\_\_  
 NKDA Allergies: \_\_\_\_\_ Weight (lb/kg) \_\_\_\_\_  
Patient Status:  New to Therapy  New to Therapy Last Treatment Date: \_\_\_\_\_ Next Due Date: \_\_\_\_\_

### PROVIDER INFORMATION

Referral Coordinator Name: \_\_\_\_\_ Referral Coordinator Email: \_\_\_\_\_  
Ordering Provider: \_\_\_\_\_ Provider NPI: \_\_\_\_\_  
Referring Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### NURSING

- Utilize Hypersensitivity protocol established by Redeemer Health Infusion and PI
- Provide nursing care and observation per Redeemer Health Infusion Policies and Procedures

### LABORATORY ORDERS

- CBC  at each dose  every \_\_\_\_\_
- CMP  at each dose  every \_\_\_\_\_
- CRP  at each dose  every \_\_\_\_\_
- Other: \_\_\_\_\_
- Please check this box if you do NOT authorize Redeemer Health Infusion to order and draw labs indicated for clinical clearance and/or insurance authorization prior to treatment.

### PRE-MEDICATION ORDERS

- acetaminophen (Tylenol)  500 mg/  650 mg/  1000 mg PO
- cetirizine (Zyrtec) 10 mg PO
- loratadine (Claritin) 10 mg PO
- diphenhydramine (Benadryl)  25 mg/  50 mg  PO/ IV
- methylprednisolone (Solu-Medrol)  40 mg/  125 mg IV
- hydrocortisone (Solu-Cortef) 100 mg IV
- Other: \_\_\_\_\_  
Dose: \_\_\_\_\_ Route: \_\_\_\_\_  
Frequency: \_\_\_\_\_

### THERAPY ADMINISTRATION

- Dalbavancin IV** (Dalvance IV)
- Single Dose:**
  - Dose: 1500 mg
  - Frequency: One time only
  - Rate: Infuse over 60 minutes
  - Route: Intravenous
- Two Dose Regimen:**
  - Dose: 1500 mg
    - 1000 mg followed one week later by 500 mg
  - Rate: Infuse over 30 minutes
  - Route: Intravenous
- Other:**
  - Dose: \_\_\_\_\_
  - Frequency: \_\_\_\_\_
  - Route: Intravenous
- Flush with 0.9% sodium chloride after infusion completion
- Refills:  Zero/  for 12 months/  Other: \_\_\_\_\_  
(If not indicated, order will expire one year from date signed)

*To ensure a brand name product is dispensed, the prescriber must handwrite "Brand Medically Necessary" on the prescription form. If not indicated, Redeemer Infusion is authorized to administer a generic or biosimilar.*

### SPECIAL INSTRUCTIONS

Please check this box if you DO NOT authorize Redeemer Health Infusion to complete a Peer to Peer on behalf of the prescribing provider for an insurance company that denies authorization for treatment.

Provider Name (Print)

Provider Signature

Date