



Phone: 1-800-809-1265 Fax: 1-866-872-8920

MRN: _____

DOB: _____

Guidelines for Prescribing Orbactiv® (oritavancin)

(Required documentation with all initial referrals)

Patient Name: _____

Referral Date: _____

____ Include signed and completed **Plan of Treatment**. (MD must complete sections 1-7)
(Infusion order forms & Standard Adverse Reactions orders are available at www.palmettoinfusion.com under Agency/MD tab)

____ Include patient demographic information and insurance information. (Copy of insurance cards if available)

____ **Supporting clinical MD notes to include any lab results and/or tests to support diagnosis.**

- ORBACTIV® (oritavancin) for injection is indicated for the treatment of adult patients (18 y.o. and older) with acute bacterial skin and skin structure infections (ABSSSI) caused by susceptible isolates of the following Gram-positive microorganisms: Staphylococcus aureus (including methicillin-susceptible and methicillin-resistant isolates), Streptococcus pyogenes, Streptococcus agalactiae, Streptococcus dysgalactiae, Streptococcus anginosus group (includes S. anginosus, S. intermedius, and S. constellatus), and Enterococcus faecalis (vancomycin-susceptible isolates only). Pregnancy Category C.

____ Other as requested: _____

**** Warnings/Precautions:** **Coagulation test interference:** ORBACTIV® has been shown to artificially prolong aPTT for up to 120 hours, and may prolong PT and INR for up to 12 hours and ACT for up to 24 hours. For patients who require aPTT monitoring within 120 hours of ORBACTIV dosing, consider a non-phospholipid dependent coagulation test such as a Factor Xa (chromogenic) assay or an alternative anticoagulant not requiring aPTT. • **Hypersensitivity reactions** have been reported with the use of antibacterial agents including ORBACTIV®. Discontinue infusion if signs of acute hypersensitivity occur. Monitor closely patients with known hypersensitivity to glycopeptides. • Infusion-related reactions have been reported. Slow the rate or interrupt infusion if infusion reaction develops. • **Clostridium difficile-associated diarrhea:** Evaluate patients if diarrhea occurs. • **Concomitant warfarin use:** ORBACTIV has been shown to artificially prolong PT/INR for up to 12 hours. Patients should be monitored for bleeding if concomitantly receiving ORBACTIV and warfarin. • **Osteomyelitis:** Institute appropriate alternate antibacterial therapy in patients with confirmed or suspected osteomyelitis. **Development of Drug Resistant Bacteria:** Prescribing ORBACTIV in the absence of a proven or strongly suspected bacterial infection is unlikely to provide benefit to the patient and increases the risk of the development of drug resistant bacteria. **Pregnancy Category C.** See full prescribing information

Palmetto Infusion Services will complete insurance verification and submit all required clinical documentation to the patient’s insurance company for eligibility. Our office will notify you if any further information is required. We will review financial responsibility with the patient and refer them to any available Co-pay assistance as required. Thank you for the referral.

Please fax all information to 1-866-872-8920 or call 1-800-809-1265 for assistance.