Palmetto INFUSION

MRN:_____

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

DOB:_____

STANDARD Orbactiv® (oritavancin) PLAN OF TREATMENT

NOTE: **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. Use of intravenous unfractionated heparin sodium is contraindicated for ~~120 ho~~urs (5 days) after Orbactiv® administration.**

1. Patient Name: _____Height (inches): _____Weight (lbs):_____

2. Allergies:_____

3. Diagnosis:

☐ **ICD-10 Code**: _____**diagnosis description:**_____

Orders: Obtain weight each visit. Vital signs at baseline, every 30 minutes beginning with start of infusion, at completion, 30 minutes after completion, and then may discharge when infusion is complete. Instruct patient/caregiver on medications and signs/symptoms of adverse reaction. Assess patient for response to therapy. Utilize existing central line for administration or initiate a peripheral IV with each infusion as needed. D5W (5% Dextrose in Water) flush 3-10 ml before, after, and as needed during the infusion. Follow infusion with Heparin 100 units/ml 1 – 5 ml per line type or to peripheral IV as required for multiple day treatments. Pump, tubing, 0.22 micron filter, and supplies needed to complete prescribed therapy. Pharmacist to perform clinical drug monitoring. ***If adverse drug reaction occurs, utilize the ADVERSE DRUG REACTION GUIDELINES.***

Dilution: Use ONLY 5% dextrose in sterile water (D5W) for dilution. Do NOT use Normal Saline for dilution or flushing of IV line as it is incompatible with ORBACTIV and may cause precipitation of the drug. Therefore other intravenous substances, additives or other medications mixed in normal saline should not be added to ORBACTIV single-use vials or infused simultaneously through the same IV line or through a common intravenous port. If the same intravenous line is used for sequential infusion of additional medications, the line should be flushed before and after infusion of ORBACTIV with D5W.

5. Dose: Orbactiv® (oritavancin) 1200 mg per 1000ml of 5% Dextrose in water (D5W) IV to infuse over 3 hours x 1 single dose

Special Orders: _____

Lab orders with infusions: _____

6. Physician's Signature: _____/ _____Date: _____

No Stamp Signatures (Dispense as written) (Substitution permitted)

Printed Physician's Name with Credentials: _____

7. Fax updated supporting clinical MD notes with each order renewal or change in orders

Infusion order forms available at www.palmettoinfusion.com

Revised 5/2/17

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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.

Revised 5/2/17