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|--|---------------------------------------|
| Referral Status: | MRN: |
| <input type="checkbox"/> New referral | <input type="checkbox"/> Order change |
| <input type="checkbox"/> Order Renewal | |
| Patient preferred clinic: | |

Orbactiv® (oritavancin) Standard Plan of Treatment

PATIENT DEMOGRAPHICS:

| | |
|-------------------|-------------------|
| Date of Referral: | Patient's Phone: |
| Patient Name: | Address: |
| Date of Birth: | City, State, Zip: |
| Height in inches: | Weight: LB or KG |
| Gender: | Allergies: |
| | See list |
| | NKDA |

DIAGNOSIS: (PLEASE COMPLETE 2ND AND 3RD DIGITS TO COMPLETE ICD 10 FOR BILLING)

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|----------|
| - Other: |
| - Other: |

REQUESTED DOCUMENTATION:

PREVIOUS ADMINISTRATION: HAS THIS PATIENT TAKEN THIS MEDICATION BEFORE?

| | | | |
|---|--------------------------------|------------------|---------------------|
| 1 | Insurance information | IF NO: | IF YES: |
| 2 | Most recent History & Physical | PLEASE STATE | LAST INFUSION DATE: |
| 3 | Full medication list | REQUIRED WASHOUT | NEXT INFUSION DATE: |
| 4 | Tried and failed therapies | FROM PREVIOUS | |
| 5 | | THERAPY: | |
| 6 | | | |

IF ORDER CHANGE:

Continue current order until insurance approved

MEDICATION ORDERS:

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.

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® 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 with D5W.

MEDICATION:

Orbactiv® (oritavancin) in 1000mL of D5W to infuse over 3 hours

Follow infusion with a 30 minute post observation.

DOSE/FREQUENCY:

| | |
|--------------------------|-------------------------|
| <input type="checkbox"/> | 1200mg as one time dose |
| <input type="checkbox"/> | Other: _____ |

SPECIAL/LAB ORDERS:

| | |
|--------------------------|-------|
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |



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| Refills: |
|----------|

LINE USE/CARE ORDERS:

- Start PIV/Access CVC
- Flush device per facility standard flushing procedure

ADVERSE REACTION & ANAPHYLAXIS ORDERS:

Administer acute infusion and anaphylaxis medications per Palmetto Infusion standing adverse reaction orders, which can be found at our website or scan here.



PRESCRIBER INFORMATION:

| | |
|-------------------|--------|
| PROVIDER NAME: | PHONE: |
| ADDRESS: | FAX: |
| CITY, STATE, ZIP: | NPI: |

PRESCRIBER SIGNATURE: (No stamp signatures)

DATE:

| | |
|---|------------------------|
| | |
| Dispense as written/Brand medically necessary | Substitution permitted |