Oritavancin intravenous infusion for Adults

Who can administer

May be administered by registered competent doctor or nurse/midwife

Important information

- **Flush line before and after with Glucose 5%**
- Not routinely kept in stock- ordered on the instruction of Micro/ID onlyÂ
- See under Dose for adjustments required in **Renal impairment**
- Caution if known hypersensitivity to other glycopeptides (e.g. vancomycin) as cross-sensitivity may occur
- Note: **Infusion related reactions** including flushing of the upper body, urticaria, pruritis and/or rash can occur. Stopping or slowing the infusion may result in cessation of these symptoms
- Oritavancin has been shown to **interfere with certain laboratory coagulation tests**. Oritavancin concentrations that are found in the blood of patients following administration of a single dose have been shown to artificially prolong aPTT for up to 120 hours, PT and INR for up to 12 hours (making the monitoring of the anticoagulation effect of warfarin unreliable up to 12 hours after an oritavancin dose), Activated Clotting Time for up to 24 hours, Silica Clot Time for up to 18 hours, and dilute Russell's Viper Venom Test for up to 72 hours.
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Available preparations

Tenkasi (Oritavancin) 400mg vial

Reconstitution

Water for injection
40mL per 400mg vial

- **Do NOT shake.** To avoid foaming it is recommended that WFI should be added carefully, along the walls of the vials gently swirling the vial until the powder is dissolved
- **Dilute further prior to administration**
- Remove 120mL from 1000mL Glucose 5% infusion bag and discard, leaving 880mL
- Withdraw 40mL from each of the 3 reconstituted vials and transfer to the infusion bag. Mix gently.
- Final concentration is 1.2mg in 1mL
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Infusion fluids

Glucose 5% ONLY
If giving other drugs via the same line, the line must be flushed before and after each oritavancin infusion with Glucose 5%

Methods of intravenous administration

Give over 3 hours (using an electronically controlled infusion device)

Dose in adults

For the treatment of acute bacterial skin and skin structure infections (ABSSSI) in adults (licensed indication)

- Give 1.2g (1200mg) as a single dose

Other infections:

- Alternative dosing regimens may be used if recommended for off-label use in other types of infection by a Microbiology or Infectious Diseases consultant

Renal impairment

- CrCl less than 10 ml/minute (not on regular haemodialysis)
  - No dose adjustment required [(ref 1)]
- On regular intermittent haemodialysis (three times per week):
  - No dose adjustment required

Hepatic impairment

- No dose adjustment required

Storage

Store below 25^{0}C

References

SPC -Tenkasi 13/01/2020Â - accessed online via EMEA July 18th 2024

1: Renal drug databaseÂ - accessed online 16/07/2024

Therapeutic classification

Lipoglycopeptide