



ProCare



Octapharma's
in-home infusion and
sampling program

octapharma®

Octapharma ProCare

These services can help support patients with frequent infusion needs, poor venous access or adherence as well as help facilitate personalisation of prophylaxis.

- Octapharma ProCare offers a convenient option for injection treatments for Wilate® and Nuwiq® as well as in-home pharmacokinetic (PK) sampling for Nuwiq®
- Octapharma offers confidential third party nursing services through Innomar Strategies
- Service is available nationally to deliver infusions supported by a team of specialized infusion nurses, on-call physicians and regionally based nurse managers
- Key services include in-home patient education and infusion administration
- Providers are certified in Advanced Cardiac Life Support, and Central Line Care and trained in managing adverse events



In-Home Sampling Program*

- Knowledge of a patient's pharmacokinetics (PK) has become an increasingly popular tool to help tailor prophylaxis dosing and ensure optimal patient outcomes in hemophilia A
- Understanding the need to facilitate PK sampling, Octapharma is the first hemophilia company to offer the convenience of in-home sampling
- In-home sampling offers a safe and convenient option to obtain blood samples to conduct pharmacokinetics with Nuwiq
- Trained nurses will draw blood samples following Nuwiq infusion at the comfort of the patient's home and deliver them to a qualified laboratory

How to get Started

STEP 1



- Send local hospital lab requisition form and tube labels (if required) to Innomar Strategies (along with the patient registration & consent form)

STEP 2



- Obtain Samples* as per your protocol or the following 3 published options¹:
 - a) 3-Sample Schedule: 4; 24; 48 hrs (post-infusion)
 - b) 2-Sample Schedule: 8; 34 hrs (post-infusion)
 - c) 1-Sample Schedule: 24 hrs (post-infusion)
 - At hospital clinic or at home

STEP 3



- For in-home sampling, a nurse from Innomar Strategies will complete the PK and deliver lab requisition form and tubes to local hospital lab

WAPPS-Hemo: A Population PK based service

Sample analysis and results

**STEP
4**



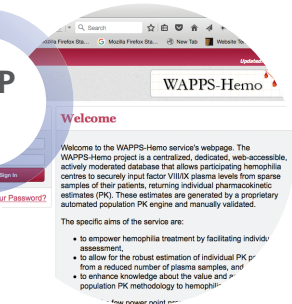
- Analyze samples at hospital lab

**STEP
5**



- Results from local hospital lab sent to treating physician/clinic

**STEP
6**



- Send data to WAPPS program (McMaster) through the WAPPS-Hemo service's webpage:
<https://plus.mcmaster.ca/wapps-hemo/>

**STEP
7**








- Data analyzed through WAPPS PK process.
- Obtain results to determine personalized prophylaxis treatment regimen

To refer your patient for a fully individualized PK sampling program, contact medinfo@octapharma.ca

*Patient consent form needed for home-sampling (may also need lab requisition form and sampling labels)

Patient Registration & Consent Form

- To obtain
-in-home infusion or
-in-home sampling services
- Send to: fax # 1-844-853-6803
- Send lab requisition (and labels) to:
Innomar Strategies
3470 Superior Court
Oakville, ON L6L 0C4
- To refer your patient for a fully
individualized PK program, contact
medinfo@octapharma.ca

 Octapharma home sampling and infusion program 	
PRESCRIBING PHYSICIAN INFORMATION	
Name:	Physician License #:
Street Address:	City, Province, Postal Code:
Tel. (Office):	Fax. (Office):
Email:	
PATIENT INFORMATION	
Name:	
Street Address:	City, Province, Postal Code:
Telephone:	Cell:
Work:	Okay to leave messages: <input type="checkbox"/> Yes <input type="checkbox"/> No
Email:	
I consent to the receipt of electronic communications from Innomar Services Personnel, for the purposes of conducting Service-related activities to me. Email communications may be sent to the address I have provided. I understand I can withdraw my consent at any time by contacting Innomar. <input type="checkbox"/> Yes <input type="checkbox"/> No SEE FULL PATIENT CONSENT TERMS ON REVERSE; PLEASE ENSURE YOU HAVE READ AND FULLY UNDERSTAND THE PATIENT CONSENT FORM. IMPORTANT: If unable to obtain written consent from patient, please document when patient verbal consent was obtained.	
Patient Signature or Legal Representative:	Printed Name of Patient or Legal Representative and relationship to Patient:
Verbal Consent Obtained by Health Care Provider Name:	Date:
INFUSION INSTRUCTIONS FOR HOME CARE NURSE	
Wilate® in-home infusion <input type="checkbox"/> Nuwiq® in-home infusion <input type="checkbox"/> Dose / Frequency / Duration Patient weight: kg *Medication(s) will be administered according to established evidence informed practices and protocols (intravenous infusion) Known Allergies: No Known Drug Allergies <input type="checkbox"/> Central Venous Access Device/Peripherally Inserted Central Catheter in place: <input type="checkbox"/> Yes <input type="checkbox"/> No Physician Signature Date:	Please specify if any pre-medication is required prior to each treatment Pre-medication: Please specify any PRN medications during each treatment PRN (as needed):
NUWIQ® IN-HOME PK SAMPLING (FVIII:C) <input type="checkbox"/> Full PK <input type="checkbox"/> Sparse PK Enclose lab requisition (and labels).	
<div>    </div> <div> Please fax completed form to: 1-844-853-6803 To speak to a representative: Phone: 1-844-INN-0-MAR (1-844-466-0627) </div> <div>Confidential when completed 1</div>	

NUWIQ® IN-HOME PK SAMPLING (FVIII:C)

☐ Full PK
 ☐ Sparse PK
 Enclose lab requisition (and labels).



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