

BLINATUMOMAB (BLINCYTO®) PRESCRIBER ORDER FORM

Patient Name:

Date of Birth:

Gender:

Address:

Phone:

Height:

 inches cm

Weight:

 lbs kg**Clinical Information**

Primary Diagnosis Description:

ICD-10 Code:

Blinatumomab (Blinicyto®) Prescription**Blinatumomab (Blinicyto®)**

- Infuse 28 mcg/day IV continuously via ambulatory pump (patient weight \geq 45 kg).
 Infuse 15 mcg/m²/day (____) IV continuously via ambulatory pump (patient weight < 45 kg).

Current cycle number: ____

Date current cycle initiated: _____

Start day ____ through day ____ of 28-day cycle.

Dispense quantity sufficient of 35 mcg single dose vials to prepare required compounded product.

Withdraw required amount from vials and discard any unused vial contents.

Medicare Orders: E0781 Ambulatory Infusion (1 per month), A4222 IV Admin Kit (1 per bag/cassette), A4221 IV supplies (1 per week)

Ancillary Orders**Medication Orders**Patients Weighing \geq 45 kg **(Select one of the following):**

- Dexamethasone 20 mg IV one hour before 1st dose of each new cycle (relapsed/refractory).
 Dexamethasone 16 mg IV one hour before 1st dose of each new cycle.
 Methylprednisolone sodium succinate 80 mg IV one hour before 1st dose of each new cycle.

Patients Weighing < 45 kg:

- Dexamethasone ____ (5 mg/m² – max 20 mg) IV one hour before 1st dose of each new cycle.

Other: _____

IV Flush Orders [Do not flush in between blinatumomab (Blinicyto®) bag changes.]

- PICC and Central Tunneled/Non-Tunneled: 0.9% Sodium Chloride 5 mL pre-lab draw and 10 mL post-lab draw.
 For maintenance, heparin (10 unit/mL) 5 mL or (100 unit/mL) 3 mL every 24 hr to non-medication lumen.
- Implanted Port: When appropriate, 0.9% Sodium Chloride 5 to 10 mL pre-/post-use and 10 to 20 mL pre-/post-lab draw. Heparin (100 unit/mL) 3 to 5 mL post-use at completion of cycle. For maintenance, heparin (100 unit/mL) 3 to 5 mL every 24 hr if accessed and not used for medication or weekly to monthly if not accessed.

Lab Orders

- No labs ordered at this time.
 Other: _____

Blinatumomab (Blinicyto®) bag changes as required by infusion nurse until patient and/or caregiver trained to independent with bag changes. Infusion not to be interrupted > 4 hours.

If patient is seen within a provider led infusion clinic, Option Care Health's infusion reaction management policy, skilled nursing plan of treatment, and IV flush administration will be followed per provider oversight. No individual anaphylaxis kit will be dispensed.

I certify that the use of the indicated treatment is medically necessary, and I will be supervising the patient's treatment.

Prescriber Signature:

Date:

Prescriber Information

Prescriber Name:

Phone:

Fax:

Address:

NPI:

City, State:

Zip:

Office Contact:

Fax completed form, insurance information, and clinical documentation to: 713-983-4647

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