



option care health®

Dear Provider,

Specialty therapies can be complex, and complete information is essential to help ensure timely access to care.

The following prescriber order form is designed to capture the necessary clinical and patient information the dispensing pharmacy requires to begin the applicable prescribed therapy.

If your patient has elected to use Option Care Health, please fax completed form and required clinical documentation to **713-983-4647**.

Sincerely,  
Option Care Health

**Severe Asthma Prescriber Order Form**

<b>Patient Name:</b> _____	<b>Patient Phone:</b> _____	<b>DOB:</b> _____	<b>Gender:</b> _____
<b>Address:</b> _____	<b>City:</b> _____	<b>State:</b> _____	<b>Zip:</b> _____

**Primary Diagnosis**

J82 - Eosinophilic Asthma  
 Other (ICD-10 Code and Description): \_\_\_\_\_

**Clinical Background and Orders**

**1** Ht: \_\_\_\_\_  in  cm Wt: \_\_\_\_\_  lb  kg Date: \_\_\_\_\_ Code Status: \_\_\_\_\_ IV Access: N/A or \_\_\_\_\_  
 Allergies:  NKDA OR (list): \_\_\_\_\_

**Please attach the following: Patient demographics, insurance information, History and Physical, and medication list**

**2**  **Cinqair® (Reslizumab) Prescription:**  
 3 mg/kg IV over 20 - 50 minutes every 4 weeks; Quantity: \_\_\_\_\_ Refills: \_\_\_\_\_

**Catheter Maintenance, Supply, and Nursing Orders:**  
 Provide all supplies necessary to administer therapy  
 Skilled nurse to administer medication in the alternate treatment site (ATS), establish and/or maintain IV access, monitor and treat ADRs, and administer medications as ordered. 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.  
 If applicable, flush intravenous access device per below protocol:

Access Device Flush Protocol	0.9% Sodium Chloride Flush	Heparin
Peripheral	2 - 3 ml pre/post use	1 - 3 ml (10 units/ml) post use; maintenance q24hr
Peripheral - Midline	3 - 5 ml pre/post use; 5 ml pre/10 ml post lab draw	3 ml (10 units/ml) post use; maintenance 3ml 10 units/ml q12hr or 3ml 100 units/ml q24hr
PICC & Central Tunneled & Non-tunneled	5 ml pre/post use; 5 ml pre/10 ml post lab draw	3 ml (100 units/ml) or 5 ml (10 units/ml) post use; maintenance q24hr
Implanted Port	5 - 10 ml pre/post use; 10 - 20 ml pre/post lab draw	3 - 5 ml (100 units/ml) post use; maintenance if accessed 3 - 5 ml q24hr or if not accessed 3 - 5 ml weekly to monthly
Valved Catheters: Chest, PICC, Midline	5 - 10 ml pre/post use; 10 - 20 ml pre/post lab draw; maintenance 5 - 10 ml at least weekly	N/A

**Nucala® (Mepolizumab) Prescription:**  
 100 mg subcutaneously every 4 weeks; Quantity: \_\_\_\_\_ Refills: \_\_\_\_\_

**Supply and Nursing Orders:**  
 Provide all supplies necessary to administer therapy  
 Skilled nurse to administer medication in the home/alternate care setting, monitor and treat ADRs, and administer medications as ordered.

**3**  **Adverse Reaction Orders:**

- Epinephrine 1:1000 1 mg/ml ampule/vial. Administer one dose IM PRN for severe hypersensitivity reaction/anaphylaxis. Repeat once PRN. Qty: 2
- Diphenhydramine 25 mg PO PRN mild allergic reaction. Qty: 2 (tablets or liquid 118ml bottle)
- Diphenhydramine 50 mg/ml IM/IV vial PRN moderate allergic reaction. Qty: 1
- Sodium Chloride 0.9% 250 ml bag. RN to start PIV and administer PRN for anaphylaxis or hypotension. Qty: 1
- Dispense supplies as needed to administer the above medications.
- If needed, call EMS, and contact physician for severe anaphylaxis.

**Other:** \_\_\_\_\_

**4** **Lab Orders:** \_\_\_\_\_

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

**Prescriber Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Physician Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____	Office Contact: _____ Direct contact number/extension: _____
---	---

**CONFIDENTIAL HEALTH INFORMATION:** Healthcare information is personal information related to a person's healthcare. It is being faxed to you after appropriate authorization or under circumstances that don't require authorization. You are obligated to maintain it in a safe, secure, and confidential manner. Re-disclosure of this information is prohibited unless permitted by law or appropriate customer/patient authorization is obtained. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state laws. **IMPORTANT WARNING:** This message is intended for the use of the person or entity to whom it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED. If you have received this message in error, please notify us immediately. Brand names are the property of their respective owners.