



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 **877-865-9133**.

Sincerely,
Option Care Health

DIABETES IN PREGNANCY PRESCRIBER ORDER FORM

Patient Name:

Date of Birth:

Address:

Phone:

Height:

in cm

Pre-Pregnancy Wt:

Current Wt:

lbs kg

Clinical Information

ICD-10/Diagnosis: O24.419 Gestational Diabetes Mellitus in Pregnancy Unspecified

Other:

G/P:

EDC:

Current Medications	Dose	Route	Freq	Current Medications	Dose	Route	Freq

Order Form

Blood Glucose Testing & Management Reinforcement of education on blood glucose device and testing	<input type="checkbox"/> Blood Glucose Testing: Fasting and 1-hr post-prandial GOALS: Fasting blood glucose goal: ≤ 95 Post-prandial blood glucose goal: < 140	<input type="checkbox"/> Blood Glucose Testing: Fasting and 2-hr post-prandial GOALS: Fasting blood glucose goal: ≤ 95 Post-prandial blood glucose goal: < 120
	NOTIFY PRESCRIBER FOR: Fasting blood glucose < 60 and > 120 x3 days Post-prandial blood glucose < 80 and > 175 x3 days Or as ordered below	NOTIFY PRESCRIBER FOR: Fasting blood glucose < 60 and > 120 x3 days Post-prandial blood glucose < 80 and > 155 x3 days Or as ordered below

Reinforcement of education on administration of insulin	Educate patient on administration of insulin, following the below parameters prescribed by provider: Insulin (Type): Reinforcement of Insulin Dosing Schedule (As Ordered): <input type="checkbox"/> If insulin is initiated, patient to test blood glucose at 0300am x3 days
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Ancillary Orders

- Skilled Nurse Visit (SNV) or TeleHealth Nurse Visit x1 to initiate plan of care; PRN up to 2 nurse visits for complications identified in telephonic assessments.
- Reinforce education on ordered ADA diet, dietary regimen, and importance of eating meals and snacks as prescribed.
- Nurse to reinforce prescribed activity level and educate patient on exercise and its effect on blood sugar.
- Option Care Women's Health to follow patient progress via telephonic assessment of blood sugars, ADA diet, exercise and recommendations to meet blood glucose goals. Provide 24/7 telephonic nurse availability throughout length of service.
- Program may continue based on medical necessity and insurance authorization until patient meets discharge criteria.
- Initiate service once benefits and eligibility verification have been completed, authorization obtained (as applicable), patient's acceptance of financial responsibility (as applicable), patient availability to start service, and patient having necessary equipment from prescriber (blood glucose monitoring device, lancets, test strips, etc.).
- **Other:**

Referral/Discharge Plan: Discontinue therapy with provider discharge order or completion of designated 14- or 21-day program per insurance, patient refusal, noncompliance, or if delivery occurs.

Other:

I certify that the use of the indicated treatment is medically necessary, I will be supervising the patient's treatment, and my state medical license is current and valid.

Prescriber Information

Prescriber Signature:	Date:
Prescriber Name:	NPI:
Address:	Office Contact:
City: State: Zip:	Direct Contact Number/Extension:
Phone:	Fax:

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.