



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

IMMUNE GLOBULIN (ADULT) PRESCRIBER ORDER FORM

Patient Name:	Date of Birth:	Gender:
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Address:

Phone:	Height:	<input type="checkbox"/> inches <input type="checkbox"/> cm	Weight:	<input type="checkbox"/> lbs <input type="checkbox"/> kg
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Clinical Information

Primary Diagnosis Description:	ICD-10 Code:
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Immune Globulin Prescription

Immune globulin refill as directed x 1 year

- Loading Dose:** _____
- Maintenance Dose:** IV Subcutaneous
- Infuse _____ gm daily for _____ day(s) every _____ week(s)
- Infuse _____ gm/kg (BMI > 30, adjusted body weight used) divided over _____ day(s) every _____ week(s)
- Other: _____

Pharmacist to identify clinically appropriate IG brand and infusion rates. May substitute product based on product availability. Infuse entire contents of IG infusion bag/vial(s) per current dose. May infuse +/- 4 days to allow for patient scheduling. Round dose to nearest whole 5 gm vial for IV doses and nearest single-use vial size for subcutaneous doses.

Ancillary Orders

Anaphylaxis Orders

- IV Doses:**
- Epinephrine 0.3 mg SUBQ or IM x 1 dose & repeat x 1 in 5 to 15 min PRN.
 - Diphenhydramine 25 mg IV or IM; may repeat x 1 dose in 15 min PRN if no improvement.
 - 0.9% Sodium Chloride 500 mL IV at KVO rate PRN anaphylaxis or over 30 minutes PRN headache rated > 5 on 0-10 pain scale
- SUBQ Doses:** Epinephrine Auto-Injector 0.3 mg 2-Pack Kit – Inject 0.3 mg IM x 1 dose PRN anaphylactic reaction, repeat x 1 PRN.

Pre-Medication and/or Laboratory Orders

- Acetaminophen _____ mg PO 30 min before infusion. Patient may use own supply or patient may decline.
- Diphenhydramine _____ mg PO 30 min before infusion. Patient may use own supply or patient may decline.
- Other: _____
- Other: _____
- Other: _____

IV Flush Orders

- Peripheral:** 0.9% Sodium Chloride 2 to 3 mL pre-/post-use. Heparin (10 unit/mL) 1 to 3 mL post-use.
- Implanted Port:** 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. For maintenance, heparin (100 unit/mL) 3 to 5 mL every 24 hr if accessed or weekly to monthly if not accessed.

Skilled nurse to administer doses intravenously where applicable. Skilled nurse to assess and teach self-administration of SUBQ medication where appropriate. Nurse will provide ongoing support, including administration of medication, PRN. Refill above ancillary orders as directed x 1 year. 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:
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Prescriber Information

Prescriber Name:	Phone:	Fax:
Address:	NPI:	
City, State:	Zip:	Office Contact:

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 do not 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.