



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

# Niktimvo™ (axatilimab-csfr) PRESCRIBER ORDER FORM

Patient Name:

Date of Birth:

Gender:

Address:

Phone:

Height:

inches  cm

Weight:

lbs  kg

## Clinical Information

Primary Diagnosis:  Chronic graft-versus-host disease (cGVHD)  Other: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

Allergies:  NKDA OR (List):

Is this first dose?  Yes – Date of first dose: \_\_\_\_\_  No – Date of last dose: \_\_\_\_\_

## Niktimvo™ (axatilimab-csfr) Prescription

Niktimvo™ (axatilimab-csfr) refill as directed x 1 year

- Infuse 0.3 mg/kg (for patients weighing at least 40 kg, up to 35 mg maximum) IV over 30 minutes every 2 weeks x1 year  
 Other: \_\_\_\_\_

Dispense quantity sufficient of Niktimvo™ 9mg, 22 mg, and/or 50 mg single dose vials for each dose.  
Withdraw required amount from vials and discard any unused vial contents.

## Ancillary Orders

### Anaphylaxis Kit

If this is a 1<sup>st</sup> dose, would you like Option Care Health to provide an anaphylaxis kit with the 1<sup>st</sup> dose?

Yes  No

### Dosage:

- Epinephrine 0.3mg (>30kg), 0.15mg (15 to 30kg), or 0.01 mg/kg (<15kg) SUBQ or IM x 1; repeat x1 in 5 to 15 min PRN.
- Diphenhydramine 25mg (>30kg) or 1.25 mg/kg (≤ 30 kg) IV or IM; repeat x 1 in 15 min PRN no improvement.
- 0.9% Sodium Chloride 500 mL (> 30 kg) or 250 mL (≤ 30 kg) IV at KVO rate PRN anaphylaxis.

### Pre-Medication Orders

- Acetaminophen 650 mg PO 30 min before infusion. Patient may decline.  
 Famotidine 20mg PO 30 min before infusion. Patient may decline.  
 Diphenhydramine 25 mg PO 30 min before infusion. Patient may decline.  
 Other: \_\_\_\_\_

### IV Flush Orders

- Peripheral: NS 2 to 3ml pre-/post-use
- Implanted Port: NS 5 to 10ml 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

### Lab Orders

- No labs ordered at this time  
 Other: \_\_\_\_\_

Skilled nurse to assess and administer where appropriate as indicated above. Nurse will provide ongoing support as needed. 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: \_\_\_\_\_

## 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