



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

**NUZYRA® (OMADACYCLINE) 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:

**Nuzyra® (Omadacycline) Prescription****Choose One:**

- Take 300 mg by mouth twice daily x 1 day and then 300 mg by mouth once daily thereafter x \_\_\_\_\_
- Take 450 mg by mouth once daily x 2 days and then take 300 mg by mouth once daily thereafter x \_\_\_\_\_ days.
- Infuse 200 mg IV over 60 minutes once x 1 day and then 300 mg by mouth once daily thereafter x \_\_\_\_\_ days.
- Infuse 200 mg IV over 60 minutes once x 1 day and then 100 mg IV over 30 minutes once daily thereafter x \_\_\_\_\_ days.
- Other: \_\_\_\_\_

**Ancillary Orders (for IV Formulation Only)****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** – please complete Anaphylaxis Physician Order       **No**

**Pre-Medication Orders**

- 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. For maintenance, heparin (10 unit/mL) every 24 hr.
- Peripheral-Midline:** 0.9% Sodium Chloride 3 to 5 mL pre-/post-use, 5 mL pre-lab draw, and 10 mL post-lab draw. Heparin (100 unit/mL) 3 mL post-use. For maintenance, heparin (100 unit/mL) 3 mL every 24 hr.
- PICC and Central Tunneled/Non-Tunneled:** 0.9% Sodium Chloride 5 mL pre-/post-use, 5 mL pre-lab draw, and 10 mL post-lab draw. Heparin  (10 unit/mL) 5 mL *or*  (100 unit/mL) 3 mL post-use. For maintenance, heparin (10 unit/mL) 5 mL or (100 unit/mL) 3 mL every 24 hr.
- 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 units 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 administer doses intravenously (where applicable).

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 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.