



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 \_\_\_\_\_.

Sincerely,  
Option Care Health

**SODIUM THIOSULFATE (PEDMARK®) PRE-MEDICATION PRESCRIBER ORDER FORM**

Patient Name:		Date of Birth:	Gender:	
Address:				
Phone:	Height:	<input type="checkbox"/> inches <input type="checkbox"/> cm	Weight:	<input type="checkbox"/> lbs <input type="checkbox"/> kg

**Clinical Information**

Primary Diagnosis Description:	ICD-10 Code:
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**SODIUM THIOSULFATE (PEDMARK®) PRE-MEDICATION Prescription****Pre-medication Order Change:**

Discontinue: \_\_\_\_\_

**Add following medication(s) to current regimen** (to be given 30 – 60 minutes prior to Pedmark infusion, Refills x 1 year):

- Ondansetron (Zofran) 8mg IV
- Metoclopramide (Reglan) 10mg IV
- Diphenhydramine (Benadryl) 25mg PO
- Diphenhydramine (Benadryl) 12.5mg IV
- Dexamethasone (Decadron) \_\_\_\_mg IV/PO
- Famotidine (Pepcid) 20mg IV
- Prochlorperazine (Compazine) \_\_\_\_\_mg IV
- LMX 4 or (EMLA) Lidocaine 2.5%/Prilocaine 2.5% cream – Apply topically 1 hour prior to starting IV or accessing port
- Other: \_\_\_\_\_

*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:

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