BLINCYTO® Order Form





Prednisone 100mg IV infusion one hour before 1st dose or each new cycle (MRD pos.) Other Premedication Patients Weighing < 45 kg: Dexamethasone (5 mg/m2 - max 20 mg) IV infusion one hour before 1st dose or each new cycle and when restarting an infusion after an [interruption of 4 or more hours (for relapsed or refractory). IV Flush Orders [Do not flush in between blinatumomab (Blincyto®) bag changes.] PICC and Central Tunneled/Non-Tunneled: NS 5 mL pre-lab draw and 10 mL post-lab draw. For maintenance, heparin (10 unit/mL) 5 mL or (100 unit/mL) 3 mL every 24 hr to non-medication lumen. Implanted Port: When appropriate, NS 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 at completion of cycle. For maintenance, heparin (100 unit/mL) 3 to 5 mL every 24 hr if accessed and not used for medication or weekly to monthly if not accessed.	Fax complet	ed form to:		specialty infusion services	an amerita company
Pieter Maries Date of Birth: Seferal Date			PATIENT INFORMATION	ON	
Medices: Golf Phone: Golf Phone: Weight: Weight: Maile Female	Patient Name:				
Rome Protects Registrate		- Jule 6. Bit			
Played in Name: Physician Office (Contact: Supervisory Physician (if applicable): Place: Place StatTACH Patient demographic 2 is front/back copy of all insurance cards (prescription 8 medical) Recent office visit notes, history 8 physical, that 8 pertinent procedure results Current medication is to 8 list of prior medications tried and failed (with dates) Inter access documentation/verification if applicable NURSING & LAB ORDERS Nurse Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders. Lab Date & Frequency: PRESCRIPTION ORDERS Anaphylaxis fit: Springhrine 0.3 mg Ma s needed NS Hydration 500 mll V infusion over 30 minutes as needed Other PRESCRIPTION NORMATION Maintenance Orders (Consolidation cycles): PRESCRIPTION INFORMATION Maintenance Orders (Consolidation cycles): Disperse up to 9 cycles as ordered, Current cycle number: Infuse 28 ang-gday V infusion continuously via ambulatory pump (patient veight < 45 kg) x 28 days, followed byday treatment-free interval. Infuse 15 mengrid-19 Via rifician continuously via ambulatory pump. Medicane Orders: (Daris Plants Weighing) < 45 kg (Select one of the Following): Precard Carrent Cycle interval (1) per morth), A4222 IV Admin (1) per precision one hour before 1st dose or each new cycle (MRD) pos. Precisione 100 mg V Infusion one hour before 1st dose or each new cycle (MRD) pos. Precisione 100 mg V Infusion one hour before 1st dose of each new cycle (MRD) pos. Precisione 10 minute one medication in mem. Implanted Pote V Member appropriate, NS (Select one of the Following): Infuse 24 kg recent Impleed		Cell Phone:			
Played in Name: Physician Name: Name: Physician Name: Name: Physician Name: Name: Physician Name: Name: Name: Name: Physician Name: Name: Name: Name: Name: Name: Prescription Name: Name: Name: Name: Prescription Name:				Male Female	
PROVIDER INFORMATION PResident Name Lic.F. DEA #: Practice Name NPRe: Address: Grys/State-Zip: Fax:					
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## Office Smarts Properties of Physician (If applicable): Properties of Physician (If applicable): Properties of Physician (If applicable): PLEASE ATTACH Patient demographics & front/back copy of all insurance cards (pescription & medical) Recent office (with cates) history & physical, lab & pertinent procedure results	Physician Name:	Lic.#:		DEA #:	
Office Contact: Phone: Face Supervisory Physician (If applicable): Patient demographics & front/back copy of all insurance cards (prescription & medical) Recent orfice visit notes, history & physical, lab & pertinent procedure results Current medication its & lab of prince medications tried and falled (with dates) Line access documentation /verification if applicable NURSING & LAB ORDERS Nurse Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders. Lab Orders: Lab Orders: Line to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders. Lab Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders. Lab Orders: Lab Orders: Lab Orders: PRESCRIPTION ORDERS Anaphylaxis Kit: Epinephrine 0.3mg IM as needed N5 Hydration 500 ml IV infusion over 30 minutes as needed Other PRESCRIPTION INFORMATION PRESCRIPTION INFORMATION Maintenance Orders (Consolidation cydes): Disperse up to 9 cycles as ordered. Current cycle incite tweight < 45 kg) x 28 days, followed byday treatment-free interval. Infuse 28 magedy in finision continuously via ambulatory pump (patient weight < 45 kg) x 28 days, followed byday treatment-free interval. Infuse 28 magedy in finision continuously via ambulatory pump (patient weight < 45 kg) x 28 days, followed byday treatment-free interval. Infuse 28 magedy in finision continuously via ambulatory pump (patient weight < 45 kg) x 28 days, followed byday treatment-free interval. Infuse 28 magedy in finision continuously via ambulatory pump. Medicare Orders: E0781 Ambulatory Infusion (relapsed or refractory). Medicare Orders: E0781 Ambulatory Infusion (relapsed or refractory). Prescription of 4 or more hours for relapsed or refractory). We subtract the medication of 4 or more hours in th	Practice Name:			NPI#:	
Patient demographics & front/back copy of all insurance cards (prescription & Medical) Recent office visit notes, history & physical, lab & pertinent procedure results Current medication list & list of prior medications tried and failed (with dates) Line access documentation/verification if applicable **NURSING** & LAB ORDERS** **NURSONG** & LAB ORDERS** **NURSONG*** & LAB ORDERS** **NURSONG	Address:			City/State/Zip:	
Patient demographics & front/back copy of all insurance cards (prescription & medical) Recent office visit notes, history & physical, lab & pertinent procedure results Current medication like & like of prome dications tried and failed (with dates) Line access documentation verification if applicable **NURSING & LAB ORDERS** **Nurse Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders. **Lab Date & Frequency:** **PRESCRIPTION ORDERS** **Anaphylaxis Kit:** Epinephrine 0.3mg IM as needed **NS Hydration 500 ml IV infusion over 30 minutes as needed Other **PRESCRIPTION INFORMATION** **PRESCRIPTION INFORMATION** **PRESCRIPTION INFORMATION** **Maintenance Orders (Consolidation cydes):** Despines up to 9 cycles as ordered. Gurent cycle number; Infuse 28 mcyday IV infusion continuously via ambulatory pump (patient veight < 45 lsg) x 28 days, followed byday treatment-free interval. Infuse 2 mcyday IV infusion continuously via ambulatory pump (patient veight < 45 lsg) x 28 days, followed byday treatment-free interval. Infuse 2 mcyday IV infusion continuously via ambulatory pump (patient veight < 45 lsg) x 28 days, followed byday treatment-free interval. Infuse 2 mcyday IV infusion continuously via ambulatory pump. **Medicare Orders: Cores: 2013 I Ambulatory Infusion (1 per month), IAV221 IV Admin Kit (1 per bag/cassette), IAV221 IV supplies (1 per week) **Anaillary Medication Orders: Patients Weighing > 45 kg (Select one of the following): Desamethassone 20 mg IV one hour before 1st dose or each new cycle (MBD pos.) Other Premedication Patients Weighing < 4 kg: Desamethasone(5 mg/m2 - max 20 mg) IV infusion one hour before 1st dose or each new cycle (MBD pos.) Other Premedication	Office Contact:	Phone:		Fax:	
Patient demographics & front/back copy of all insurance cards (prescription & medical) Recent office visit notes, history & physical, lab & pertinent procedure results Current medication list & list of prive medications tried and failed (with dates) Line access documentation/verification if applicable **NURSING & LAB ORDERS** **Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders. **Lab Orders:** **Nurse Orders:** **Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders. **Lab Orders:** **PRESCRIPTION ORDERS** **Anaphylaxis Kit:** **Epinephrine 0.3mg IM as needed** **Others:** **PRESCRIPTION ORDERS** **Anaphylaxis Kit:** **Epinephrine 0.3mg IM as needed** **Others:** **PRESCRIPTION INFORMATION** **PRESCRIPTION INFORMATION** **PRESCRIPTION INFORMATION** **PRESCRIPTION INFORMATION** **Maintenance Orders (Consolidation cycles):** **Dispense up to 9 cycles as ordered. Current cycle number:** **Dispense up to 9 cycles as ordered. Current cycle number:** **Dispense up to 9 cycles as ordered. Current cycle number:** **Dispense up to 9 cycles as ordered. Current cycle number:** **Dispense up to 9 cycles as ordered. Current cycle number:** **Dispense up to 9 cycles as ordered. Current cycle number:** **Dispense up to 9 cycles as ordered. Current cycle number:** **Dispense up to 9 cycles as ordered. Current cycle number:** **Dispense up to 9 cycles as ordered. Current cycle number:** **Dispense up to 9 cycles as ordered. Current cycle number:** **Dispense up to 9 cycles as ordered. Current cycle number:** **Dispense up to 9 cycles as ordered. Current cycle number:** **Dispense up to 9 cycles as ordered. Current cycle number:** **Dispense up to 9 cycles as ordered. Current cycle number:** **Dispense up to 9 cycles as ordered. Current cycle number:** **Dispense up to 9 cycles as ordered. Current	Supervisory Physicia	n (if applicable):			
Recent office visit notes, history & physical, lab & pertinent procedure results Current medication list & list of prior medications tried and failed (with dates) Line access documentation/verification if applicable **NURSING & LAB ORDERS** **Nurse Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders. **Lab Orders:** **PRESCRIPTION ORDERS** **Anaphylaxis Kit:** **Epinephrine 0.3mg IM as needed **In Stylic Process of the provide assessment and the provided as needed of the provided as needed of the provided as necessary. **PRESCRIPTION INFORMATION** **Maintenance Orders (Consolidation cycles):* **Dispense up to 9 cycles as ordered. Current cycle number:			PLEASE ATTACH		
Nurse Orders: Nurse to provide assessment, teaching, lab draws, medication administration and vascular access device insertion and/or management per physician orders. Lab Orders: PRESCRIPTION ORDERS Anaphylaxis Kit: Epinephrine 0.3mg IM as needed MS Hydration 500 ml IV infusion over 30 minutes as needed Other Supply Orders: All supplies for vascular access line care, drug administration kit(s), pump, and IV pole will be provided as necessary PRODUCT PRESCRIPTION INFORMATION Maintenance Orders (Consolidation cydes): Dispense up to 9 cycles as ordered. Current cycle number: Infuse 28 mcydday IV infusion continuously via ambulatory pump (patient weight < 45 kg) x 28 days, followed byday treatment-free interval. Infuse 28 mcydday IV infusion continuously via ambulatory pump (patient weight < 45 kg) x 28 days, followed byday treatment-free interval. Infuse Prediscione (Prediscione Orders: E0781 Ambulatory Infusion (1) per month), A4222 IV Admin Kit (1) per bag/cassette), A4221 IV supplies (1) per week) Ancillary Medication Orders: Patients Weighing ≥ 45 kg (Select one of the following): Dexamethasone 20 mg IV one hour before 1st dose of each new cycle (felapsed/refractory) or when restarting an infusion after an interruption of 4 or more hours in the first cycle Prediscione 100mg IV infusion one hour before 1st dose or each new cycle and when restarting an infusion after an interruption of 4 or more hours for relapsed or refractory). IV Flush Orders [Do not flush in between blinatumomab (Blincyto*) bag changes.] PICC and Central Tunneled/Mor-Tunneled N5 5 ml. pre-lab draw and 10 ml. post-lab draw. For maintenance, heparin (100 unit/ml.) 3 ml. every 24 hr to non-medication lumen. Implanted Port. When appropriate, N5 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 at completion of cycle. For maintenance, heparin (100 unit/ml.) 3 to 5 ml. every 24 hr if accessed and not used for medication or weekly to monthly if not accessed.	Recent office visit notes, history & physical, lab & pertinent procedure results Current medication list & list of prior medications tried and failed (with dates) TB lab results within last 12 months HBV lab results within last 12 months (Infliximabs only)				
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Lab Date & Frequency:	Nurse Orders: Nurs	e to provide assessment, teaching, lab draws, medication adm	inistration and vascular access device in	sertion and/or management per physician orders.	
Anaphylaxis Kit: (Check all that apply) Diphenhydraminemg IV infusion as neededOther		,			
Check all that apply Diphenhydramine		I	PRESCRIPTION ORDE	RS	
PRODUCT PRESCRIPTION INFORMATION			·	over 30 minutes as needed	
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Maintenance Orders (Consolidation cycles): Dispense up to 9 cycles as ordered. Current cycle number:	Supply Orders: All	supplies for vascular access line care, drug administration kit(s)	, pump, and IV pole will be provided as	necessary	
Dispense up to 9 cycles as ordered. Current cycle number:	PRODUCT		PRESCRIPTION INF	ORMATION	
OTHER	Infuse 28 mcg/day IV infusion continuously via ambulatory pump (patient weight ≥ 45 kg) x 28 days, followed by				
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By signing this form and utilizing our services, you are authorizing Amerita, Inc. to serve as your prior authorization designated agent in dealing with medical and prescription insurance compar	By signing this form	and utilizing our services, you are authorizing Amerita, Inc	t. to serve as your prior authorization	designated agent in dealing with medical and prescri	ption insurance companie



Print Name



Date



Date

Prescriber's Signature

Substitution Permitted

Prescriber's Signature

Dispense as Written

Print Name