NAUSEA AND VOMITING OF PREGNANCY – effective AUG 2022

****PRESCRIPTION FORM FOR HOME ADMINISTRATION****

Fax signed form to: 866-252-4293 or 866-731-9011 – OR – scan signed form to email: OBHIntake@optum.com

NOTE: COPY OF CURRENT INSURANCE CARD (FRONT AND BACK) MUST ACCOMPANY THIS SUBMISSION. Initiate and manage homecare **PER OPTUM PROTOCOLS** as provided for the following services OR physician to call Optum (800-950-3963) for other orders.

PATIENT INFORMATION

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

D.O.B. _____ Due Date: _____ Ht: _____ Wt: _____ Allergies: _____

Patient Location (at time of referral): ❑ Home ❑Hospital (name):_____

Insurance Carrier Name, Policy #, phone #: _____

Preferred Language: ❑ English ❑ Other: _____

Form completed by: (Name, title): _____ Phone #: _____

SERVICE REQUESTED (check all that apply) START OF SERVICE WILL OCCUR UPON VERIFICATION, PATIENT ACCEPTS CARE, RECEIVES DISPENSED MEDICATION	**BASED ON THE FOLLOWING CRITERIA** (CHECK ALL THAT APPLY)
❑ **ONDANSETRON NVP MANAGEMENT via CONTINUOUS SQ PUMP –** Use Optum dosing guidelines for initial dosing/bolus and ongoing management. Titrate basal rate within 14.4 to 38.4 mg/day; bolus doses of 1mg (0.5ml SQ) each 4 hours apart, initial bolus dose 2-4mg IM per Optum dosing guidelines. Discontinue oral ondansetron when pump is started, resume PRN when pump is suspended or interrupted.	❑ Failed the following oral medications to treat NVP: _____ _____ _____ _____ _____
❑ **ONDANSETRON NVP MANAGEMENT via EXISTING PICC -** Use Optum dosing guidelines for initial dosing/bolus and ongoing management. Titrate basal rate within 14.4 to 38.4 mg/day; titrate bolus doses within 1 to 2 mg each 4 hours apart, initial bolus dose 2 to 4 mg. Flush with normal saline 5 to 10 ml PRN and heparin (100units/ml) 5ml PRN. Dressing changes weekly and PRN. Discontinue oral ondansetron when pump is started, resume PRN when pump is suspended or interrupted. **MUST PROVIDE DOCUMENTATION THAT TIP IS IN SUPERIER VENA CAVA.**	
❑ **METOCLOPRAMIDE NVP MANAGEMENT via CONTINUOUS SQ PUMP –** Use Optum dosing guidelines for initial dosing/bolus and ongoing management. Titrate basal rate within 12 to 60 mg/day; titrate bolus doses within 3 to 5 mg each 4 hours apart, initial bolus dose of 5-10 mg IM per Optum dosing guidelines. Dispense 2 diphenhydramine 25mg tablets for first time drug exposure or for patient with history of severe allergic reaction, patient will be directed to take in the event of mild/moderate S/E or EPS. Discontinue oral metoclopramide when pump is started, resume PRN when pump is suspended or interrupted.	
❑ **METOCLOPRAMIDE NVP MANAGEMENT via EXISTING PICC** - Use Optum dosing guidelines for initial dosing/bolus and ongoing management. Titrate basal rate within 12 to 60 mg/day; titrate bolus doses within 3 to 5 mg each 4 hours apart, initial bolus dose 5 to 10 mg. Flush with normal saline 5 to10 ml PRN and heparin (100 units/ml) 5 ml PRN. Dispense two diphenhydramine 25 mg tablets for first time drug exposure or for patient with history of severe allergic reactions, patient will be directed to take in the event of mild/moderate side effects or EPS. Dressing change weekly and PRN. Discontinue oral metoclopramide when pump is started, resume PRN when pump is suspended or interrupted. **MUST PROVIDE DOCUMENTATION THAT TIP IS IN SUPERIOR VENA CAVA.**	❑ Weight loss of ____ lbs. ❑ No weight gain ❑ Ketones (+) ❑ Minimal food intake ❑ Frequent vomiting episodes ❑ ER visits/hospitalization: How many times: _____ ❑ Homebound ❑ Decreased ability to perform ADLs/work
❑ **Add HYDRATION** In addition to above checked service (Hydration is not available as a stand-alone service): **Step 1: Choose method (Select 1)** ❑ Initiate peripheral IV service at start of care, 500ml bolus then 125ml/hr for up to 4 days or until patency is compromised. Select fluish below. May flush with normal saline 2 to 5 ml PRN. Patient to discontinue IV line if not infusing. ❑ Via Existing PICC or MIDLINE: 500 ml bolus then 125 ml/hr, flush with normal saline 5 to 10 ml PRN and (PICC only) heparin (100 units/ml) 5 ml PRN. May continue IVH past 4 days if patent and symptoms of dehydration are present. IV dressing change weekly and PRN. **Step 2: Choose fluid type (select 1) and Additives** ❑ D5LR ❑ Normal Saline ❑ Lactated Ringers ❑ D5 ½ NS ❑ Add multivitamin – 10 ml to 1 liter daily (may substitute 5ml pediatric MVI) ❑ Add thiamin – 100 mg to 1 liter daily	

Initial Prescriber (Signature Required)

Practice Name: _____ Office contact: _____

Address: _____ City: _____ State: _____ Zip code: _____

Phone Extension: _____ Fax: _____ Email: _____

IF ONGOING CARE OF THIS PATIENT WILL BE MANAGED BY ANOTHER PROVIDER, COMPLETE THE INFORMATION BELOW. As the prescriber, you are responsible for full care of this patient unless/until the ongoing managing provider's prescription is received by Optum.

At that time, all care responsibilities for this patient will be transferred to the alternate provider and the initial patient care prescription is discontinued.

Providers Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip code: _____

I certify that this patient is under my care and that the above services are medically necessary and are authorized by me with the above written plan of treatment. My signature acknowledges that (i) I have received and reviewed the protocol that accompanies this plan of treatment and understand and accept responsibility for the patient's care, and (ii) my state medical license is current and valid as indicated below. Start of service will occur upon completion of benefits of eligibility, verification, receipt of medication from dispensing pharmacy and patient agreement to start of service date.

PRESCRIBER SIGNATURE:_____ (Print Name): _____

NPI#:_____ License#: _____ State: _____ Date: _____

For Internal Use Only: Telephone Order From: _____

❑ RBV By (Optum Nurse): _____, RN Date: _____ Time: _____

❑ Prescription reviewed by Optum RN: _____ Date: _____