

## Provider Order Form

### PATIENT INFORMATION

Date:	Patient Name:	DOB:
ICD-10 code (required):	ICD-10 description:	
<input type="checkbox"/> NKDA Allergies:	Weight lbs/kg:	
<b>Patient Status:</b> <input type="checkbox"/> New to Therapy <input type="checkbox"/> Continuing Therapy	Next Due Date (if applicable):	

### PROVIDER INFORMATION

Ordering Provider:	Provider NPI:		
Referring Practice Name:	Phone:	Fax:	
Practice Address:	City:	State:	Zip Code:

### NURSING

- Provide nursing care per IVX Standard Nursing Procedures, including reaction management
- TB status and date (results) \_\_\_\_\_

### LABORATORY ORDERS

- CBC  at each dose  every \_\_\_\_\_
- CMP  at each dose  every \_\_\_\_\_
- CRP  at each dose  every \_\_\_\_\_
- Other: \_\_\_\_\_

### PRE-MEDICATION ORDERS

- acetaminophen (Tylenol)  500mg /  650mg /  1000mg PO
- cetirizine (Zyrtec) 10mg PO
- loratadine (Claritin) 10mg PO
- diphenhydramine (Benadryl)  25mg /  50mg  PO /  IV
- methylprednisolone (Solu-Medrol)  40mg /  125mg IV
- Other: \_\_\_\_\_
- Dose: \_\_\_\_\_ Route: \_\_\_\_\_
- Frequency: \_\_\_\_\_

### SPECIAL INSTRUCTIONS

### THERAPY ADMINISTRATION

- Belatacept** (Nulojix) in 0.9% sodium chloride, intravenous infusion, administer with 0.2-1.2 micron filter
  - 10mg/kg Day 1, Day 5, end of week 2, 4, 8 and 12 (Please indicate if patient has received any previous infusions)
  - 5mg/kg end of week 16 and every 4 weeks thereafter
  - Prescribed doses must be evenly divisible by 12.5mg
  - Final concentration should range from 2mg/ml to 10mg/ml
  - Administer over 30 minutes
- Flush with 0.9% sodium chloride at the completion of infusion
- Patient is required to stay for 30-minute observation post infusion/injection
- Patient is NOT required to stay for observation time
- Refills:  Zero /  for 12 months /  \_\_\_\_\_ (if not indicated order will expire one year from date signed)

\*NULOJIX is contraindicated in transplant recipients who are Epstein-Barr virus (EBV) seronegative or with unknown EBV serostatus due to the risk of post-transplant lymphoproliferative disorder (PTLD), predominantly involving the central nervous system (CNS).

**Ordering Provider: Initial here \_\_\_\_\_ and proceed to the next page.**

## ADULT REACTION MANAGEMENT PROTOCOL

- Observe for **hypersensitivity reaction**: Fever, chills, rigors, pruritus, rash, cough, sneezing, throat irritation, nausea, vomiting.
- If reaction occurs:
  - If indicated, stop infusion.
  - Maintain/establish vascular access.
  - IVX Health clinicians have the following PRN medications available for the following reactions.
    - Headache, pain, fever >100.4F, chills or rigors- Acetaminophen 650mg PO or Ibuprofen 400mg PO.
    - Rhinitis, allergies, hives, pruritis and other nonspecific symptoms of allergic reaction - Loratadine 10mg PO or Diphenhydramine 25-50mg PO or IV
    - Nausea, vomiting, heartburn, acid reflux- Ondansetron 4mg ODT (may repeat x 1 in 20 minutes if nausea continues, max dose 8mg) or Famotidine 20mg PO.
    - Severe Nausea, vomiting, heartburn, acid reflux- Ondansetron 4mg SIVP (may repeat x 1 in 20 minutes if nausea continues, max dose 8mg) or Famotidine 20mg SIVP.
    - Hypotension (90/60), vasovagal response- Place patient in reclined position, administer 0.9% Sodium Chloride IV 500ml. May repeat to keep BP >90/60, maximum of 1000ml, monitor vital signs.
    - Hypertension (>30 mmHg increase from baseline or >180 mmHg SBP): Clonidine 0.1mg and wait 45 minutes, may administer Amlodipine 5mg if hypertension persists
    - Chest pain/discomfort, shortness of breath- Oxygen 2-15 liters, titrate to keep Spo2 >92%.
    - Famotidine 20mg IV- Refractory to other treatments given
    - Solumedrol 125mg IV- Refractory to other treatments given.
  - When symptoms resolve resume infusion at 50% previous rate and increase per manufactures guidelines.
  - Notify referring provider as clinically appropriate and follow clinical escalation protocol.
- Severe allergic/anaphylactic reaction:**
  - If symptoms are rapidly progressing or continuing after administration of prn medications above and signs symptoms of severe allergic/anaphylactic reaction (angioedema, swelling of the mouth, tongue, lips, or airway, dyspnea, bronchospasm with or without hypotension or hypertension).
    - Call 911.
    - Initiate basic life support as needed.
    - Bring the **AED** to the patient (Attach pads if indicated).
    - **Epinephrine**- administer 0.3mg of a 1:1,000 (1mg/ml) concentration intramuscularly (preferably outer thigh), may be repeated every 5-15 minutes as needed to a maximum of 3 doses.
    - Place patient in recumbent position, elevate lower extremities.
    - **Oxygen**- administer 2-15 liters/minute or 100 percent oxygen as needed maintain SpO2 >92 percent.
    - **IV Fluids**- Treat hypotension with normal saline bolus of 500ml, repeat as needed to maintain systolic BP >90.
    - Administer **diphenhydramine** 50mg IV or Famotidine 20mg IVP, if not previously given.
    - Administer **methylprednisolone** 125mg IVP, if not previously given.
    - Continuous monitoring of blood pressure, pulse oximetry, and heart rate.
    - Notify clinical executive, DON or CMO, when appropriate. Must be done same day. Do not delay treatment.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient Date of Birth

\_\_\_\_\_  
Provider Name (Print)

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

Email [ivxintake@ivxhealth.com](mailto:ivxintake@ivxhealth.com) or fax this form, insurance card (both sides), demographics, recent H&P, labs, and supporting clinicals to:

**TAMPA: 844-946-0849** \_\_\_Brandon \_\_\_Carrollwood \_\_\_Wesley Chapel \_\_\_St. Pete's

**ORLANDO: 844-946-0867** \_\_\_Altamonte Springs \_\_\_Waterford Lakes \_\_\_Ocoee

**PHILADELPHIA: 844-820-9641** \_\_\_Malvern \_\_\_Bensalem \_\_\_Montgomeryville

**HARRISBURG: 844-859-4235** \_\_\_East Shore \_\_\_West Shore

**BAY AREA: 844-889-0275** \_\_\_San Mateo \_\_\_Fremont \_\_\_San Ramon \_\_\_Sunnyvale

**COLUMBUS: 844-627-2675** \_\_\_Dublin \_\_\_Pickerington \_\_\_Grove City

**CHICAGO: 312-253-7244** \_\_\_Glenview \_\_\_Schaumburg \_\_\_Lombard \_\_\_Naperville

**CINCINNATI: 844-946-0868** \_\_\_Colerain \_\_\_Hyde Park \_\_\_Union Centre

**KANSAS CITY: 844-900-1292** \_\_\_Overland Park \_\_\_Lee's Summit \_\_\_Briarcliff

**NASHVILLE: 844-627-2518** \_\_\_Brentwood \_\_\_Hendersonville

**INDIANAPOLIS: 844-983-2028** \_\_\_Emerson Pointe \_\_\_Fishers Corner \_\_\_Park Meridian



**Precision is now a part of IVX Health. To refer to a Precision center, fax to 888-615-1445:** \_\_\_Donelson \_\_\_Cool Springs

\_\_\_Clarksville \_\_\_Murfreesboro \_\_\_Knoxville \_\_\_Chattanooga \_\_\_Morristown \_\_\_Collierville \_\_\_Jackson \_\_\_Memphis \_\_\_Lowell, AR