Palmetto INFUSION®

Phone: 1-800-809-1265 Fax: 1-866-872-8920

Referral Status:			MRN:
☐ New referral	☐ Order change	☐ Order Renewal	
Patient preferred clinic:			

Rev. 4.29.25

Opdivo® (nivolumab) Plan of Treatment

PATIENT DEMOGRAPHICS:

Patient Name:

Patient's Phone:	Address:
Date of Birth:	City, State, Zip:

Height in inches:	Weight: LB or KG	Gender:	Allergies:	☐ See list	☐ NKDA

DIAGNOSIS: (PLEASE COMPLETE 2ND AND 3RD DIGITS TO COMPLETE ICD 10 FOR BILLING)

☐	C34.90 - Non-Small Cell Lung Cancer	☐	C67.9 - Urothelial Carcinoma
☐	C81.90 - Classical Hodgkin Lymphoma	☐	C18.9 - Colorectal Carcinoma
☐	C15.9 - Gastroesophageal Carcinoma	☐	C16.9 - Gastric Carcinoma
☐	C43.9 - Melanoma	☐	C15.9 - Esophageal Carcinoma
☐	C45.0 - Unresectable Malignant Pleural Mesothelioma	☐	C64.____ - Renal Cell Carcinoma
☐	______Other:______________________________		

REQUESTED DOCUMENTATION:

1	Insurance information
2	Most recent History & Physical
3	Full medication list
4	Tried and failed therapies
5	Recent CBC

PREVIOUS ADMINISTRATION: HAS THIS PATIENT TAKEN THIS MEDICATION BEFORE?

IF NO:	IF YES:
PLEASE STATE REQUIRED WASHOUT FROM PREVIOUS THERAPY:	LAST INFUSION DATE:
	NEXT INFUSION DATE:

IF ORDER CHANGE:

☐ **Continue current order until insurance approved**

MEDICATION ORDERS:

NOTE: Patient may be ineligible to receive nivolumab if experiencing severe (grade 3) immune-mediated adverse reactions.

MEDICATION:

☑ OPDIVO® (nivolumab) IV given over 30 minutes diluted in 160mL NS or 5% Dextrose according to FDA labeling.

Premedication:______________________________

Premedication to be given 30 minutes prior to infusion unless otherwise noted above

DOSE/FREQUENCY:

☐ 240mg every 2 weeks

☐ 400mg every 6 weeks

☐ Other: ______________________________

SPECIAL ORDERS:

☐ ______________________________

Prescriber is responsible for monitoring lab results/abnormalities including pregannсy screening, if applicable. Please ensure timely notification if a hold on threapy is indicated.

☑ Refills x 12 months unless noted otherwise here:

NURSING ORDERS:

☑ Start PIV/Access CVC

☑ Flush device per facility standard flushing procedure

☑ Provide nursing care per Palmetto Infusion Nursing Procedures and post procedure observation if indicated

ADVERSE REACTION & ANAPHYLAXIS ORDERS:

Administer acute infusion and anaphylaxis medications per Palmetto Infusion standing adverse reaction orders, which can be found at our website.

PRESCRIBER INFORMATION:

PROVIDER NAME:	PHONE:
ADDRESS:	FAX:
CITY, STATE, ZIP:	NPI:

PRESCRIBER SIGNATURE: (No stamp signatures)

		DATE:
Dispense as written/Brand medically necessary	Substitution permitted	