Palmetto INFUSION®

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

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

TROGARZO™ (Ibalizumab-uiyk) Standard Plan of Treatment

Rev 4.29.25

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)

	B20 - Human Immunodeficiency Virus (HIV) disease
	_______ - Other:

REQUESTED DOCUMENTATION:

1	Insurance information
2	Most recent History & Physical
3	Full medication list
4	Tried and failed therapies
5	Supporting clinical MD notes, Labs, and tests results supporting primary diagnosis

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: We *may* require a detailed Letter of Medical Necessity or clinical supporting documentation (depending on diagnosis), to be able to verify eligibility and payment for this treatment through Medicare and/or other insurance plans.

MEDICATION:

☑ TROGARZO™ (ibalizumab uiyk) administered IV

Follow each infusion with 30ml normal saline flush.

Extended one (1) hour post infusion monitoring after first treatment. If the patient does not experience any adverse reaction, then the post-infusion observation time can be reduced to 15 minutes for each subsequent infusion

DOSE/FREQUENCY:

☐ Induction Dose: 2000 mg IV dose per 250ml NS over 30 minutes via pump

☐ Maintenance Dose: 800 mg IV per 250ml NS every 14 days over 30 minutes via pump

☐ Other:____

If dosing is delayed by 3 days or longer, the referring physician will be notified.

SPECIAL ORDERS:

☐ ____

____

☑ Refills x 12 months unless noted otherwise here:

LINE USE/CARE 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	