

This form serves as a standing prescription order for the Beta Bionics insulin infusion system. This order will remain in place until a representative of Beta Bionics is notified verbally or in writing by the signing healthcare provider that the order is no longer valid. Should a situation arise where the standing prescription order is not appropriate, it is the prescriber's responsibility to notify Beta Bionics by providing a new signed prescription order for that patient.

Healthcare Provider Name:	NPI #:
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STANDING PRESCRIBER'S ORDER iLet GLUCOSE TARGET SETTING

The Certified iLet Trainer should follow the guidance below for setting the starting glucose target. **Select one.**

<input type="checkbox"/>	<ul style="list-style-type: none"> Most patients should start on the "Usual" glucose target. Patients transitioning from a long-acting insulin OR who have a higher A1C (e.g., >10%) OR have very low insulin requirements should start on the "Higher" glucose target. <i>**For patients with higher A1cs or transitioning from a long-acting insulin, consider a target reduction to "Usual" after the first few days of iLet therapy.**</i> No Patient should start on the "Lower" glucose target.
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<input type="checkbox"/>	<p>Alternative glucose target orders (Provide instructions in the space below):</p> <ul style="list-style-type: none"> Start the following patients on the "Usual" glucose target: ----- Start the following patients on the "Higher" glucose target: ----- No patient should start on the "Lower" glucose target.
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<p>Certified iLet Trainer may use clinical discretion when setting the starting glucose target if:</p> <ul style="list-style-type: none"> HCP prescribed starting at the "Usual" but there is significant concern about hypoglycemia or patient comfort. "Higher" may be set. HCP prescribed starting at the "Higher" but there is significant concern about hyperglycemia or patient comfort. "Usual" may be set. 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Certified iLet Trainer may adjust glucose target at follow up calls	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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STANDING PRESCRIBER'S ORDERS FOR MANAGEMENT OF HYPERGLYCEMIA AND KETONES

Because the iLet determines all doses of insulin, the management of ketosis is different when using the iLet as compared to other insulin pumps, including hybrid closed-loop systems.

The iLet Bionic Pancreas System comes with a recommended ketone action plan. Review the plan below and indicate the patient should follow the instructions as written or provide alternative recommendations in the section below. The certified iLet trainer will review these recommendations with the patient during the iLet training and initiation visit. *The ketone action plan described here will be considered valid for the lifetime use of the device unless otherwise noted.*

For questions or concerns, contact Beta Bionics Customer Care at: 1-855-745-3800

Ketone Action Plan



<p>Test your BG and ketones if:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">You are nauseous, vomiting or have diarrhea.</td> <td style="text-align: center; vertical-align: middle;"></td> </tr> <tr> <td style="padding: 5px;">You think your infusion set is not working.</td> <td style="text-align: center; vertical-align: middle;"></td> </tr> <tr> <td style="padding: 5px;">Your CGM glucose has been above 300 mg/dL for 90 minutes.</td> <td style="text-align: center; vertical-align: middle;"></td> </tr> <tr> <td style="padding: 5px;">Your CGM glucose is above 400 mg/dL.</td> <td style="text-align: center; vertical-align: middle;"></td> </tr> </table>	You are nauseous, vomiting or have diarrhea.		You think your infusion set is not working.		Your CGM glucose has been above 300 mg/dL for 90 minutes.		Your CGM glucose is above 400 mg/dL.		<p>Always keep these supplies with you: Glucose meter and strips Urine ketone strips OR blood ketone meter and strips Extra CGM sensor Extra infusion set and cartridge Insulin vial and syringe, or insulin pen and pen needle</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="background-color: #333; color: white; text-align: center; padding: 10px;">ZONE 1</td> <td style="padding: 5px;"> <p>Urine Ketones: Negative OR Blood Ketones: less than 0.6 mmol/L</p> </td> <td style="padding: 5px;"> <p>Check to make sure:</p> <ul style="list-style-type: none"> your iLet is charged, has insulin, and is displaying CGM values. your infusion set is in place and not leaking. <p>Continue to monitor your BG:</p> <ul style="list-style-type: none"> If your BG is still high after 90 minutes, check ketones again. </td> </tr> <tr> <td style="background-color: #333; color: white; text-align: center; padding: 10px;">ZONE 2</td> <td style="padding: 5px;"> <p>Urine Ketones: Trace - Moderate OR Blood Ketones: 0.6 - 2.5 mmol/L</p> </td> <td style="padding: 5px;"> <ol style="list-style-type: none"> 1. CHANGE your iLet infusion set. 2. DRINK extra fluids. 3. RECHECK BG and ketones in 90 minutes. If BG is less than 180 mg/dL and ketones are in ZONE 1, you do not need to do anything else. If BG is more than 180 mg/dL and ketones are not in ZONE 1, GO TO ZONE 3. </td> </tr> <tr> <td style="background-color: #333; color: white; text-align: center; padding: 10px;">ZONE 3</td> <td style="padding: 5px;"> <p>Urine Ketones: Large OR Blood Ketones: 2.5 mmol/L or higher</p> </td> <td style="padding: 5px;"> <p>CALL YOUR HEALTHCARE PROVIDER IMMEDIATELY!</p> <p><i>If your healthcare provider has told you to take an insulin injection, it is important to follow these steps:</i></p> <ol style="list-style-type: none"> 1. At the time of the injection, DISCONNECT from the iLet and pause it for 1 hour and 30 minutes. 2. Give the injection of rapid acting insulin as instructed by your healthcare provider. 3. DRINK extra fluids. 4. RECHECK BG and ketones in 90 minutes. If BG is less than 180 mg/dL and ketones are in ZONE 1, CHANGE your iLet infusion set, RECONNECT to the iLet, and RESUME insulin dosing. <p>If your BG is more than 180 mg/dL and ketones are not in ZONE 1, CALL YOUR HEALTHCARE PROVIDER, GO TO THE EMERGENCY ROOM, OR CALL 911.</p> </td> </tr> </table>	ZONE 1	<p>Urine Ketones: Negative OR Blood Ketones: less than 0.6 mmol/L</p>	<p>Check to make sure:</p> <ul style="list-style-type: none"> your iLet is charged, has insulin, and is displaying CGM values. your infusion set is in place and not leaking. <p>Continue to monitor your BG:</p> <ul style="list-style-type: none"> If your BG is still high after 90 minutes, check ketones again. 	ZONE 2	<p>Urine Ketones: Trace - Moderate OR Blood Ketones: 0.6 - 2.5 mmol/L</p>	<ol style="list-style-type: none"> 1. CHANGE your iLet infusion set. 2. DRINK extra fluids. 3. RECHECK BG and ketones in 90 minutes. If BG is less than 180 mg/dL and ketones are in ZONE 1, you do not need to do anything else. If BG is more than 180 mg/dL and ketones are not in ZONE 1, GO TO ZONE 3. 	ZONE 3	<p>Urine Ketones: Large OR Blood Ketones: 2.5 mmol/L or higher</p>	<p>CALL YOUR HEALTHCARE PROVIDER IMMEDIATELY!</p> <p><i>If your healthcare provider has told you to take an insulin injection, it is important to follow these steps:</i></p> <ol style="list-style-type: none"> 1. At the time of the injection, DISCONNECT from the iLet and pause it for 1 hour and 30 minutes. 2. Give the injection of rapid acting insulin as instructed by your healthcare provider. 3. DRINK extra fluids. 4. RECHECK BG and ketones in 90 minutes. If BG is less than 180 mg/dL and ketones are in ZONE 1, CHANGE your iLet infusion set, RECONNECT to the iLet, and RESUME insulin dosing. <p>If your BG is more than 180 mg/dL and ketones are not in ZONE 1, CALL YOUR HEALTHCARE PROVIDER, GO TO THE EMERGENCY ROOM, OR CALL 911.</p>
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SELECT ONE: *If no options are selected, the default ketone action plan above will be used*

<input type="checkbox"/> I agree with the ketone action plan above.
<input type="checkbox"/> I agree with the ketone action plan with the noted modifications.
<input type="checkbox"/> I DO NOT agree with the ketone action plan and recommend the alternative plan below.

KETONE ACTION PLAN MODIFICATIONS OR ALTERNATIVE PLAN:

I commit to confirming that each patient will be provided the prescriptions needed to comply with this plan including an alternative method of insulin delivery in the event iLet therapy is discontinued (i.e., blood ketone testing strips, insulin prescriptions including long-acting, etc.)

PRESCRIBER SIGNATURE: (SIGNATURE STAMPS ARE NOT ACCEPTABLE)	DATE (MM/DD/YYYY)
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