# Obinutuzumab (Gazyva)

***Provider Order Form***

Newport Superior Infusion
1501 Superior Ave, Suite 202
Newport Beach, CA 92663
Phone: 949-601-6001
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## PATIENT INFORMATION

Date: Patient Name: DOB:

ICD-10 code (required): ICD-10 description:

☐ NKDA Allergies: Weight lbs / kg: Height in / cm:

**Patient Status:** ☐ New to Therapy ☐ 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 Newport Infusion Standard Procedures

☐ Hepatitis B status and date (list results and attach clinicals): _____

## RECOMMENDED PRE-MEDICATION ORDERS

☐ acetaminophen (Tylenol) ☐ 500mg / ☐ 650mg / ☐ 1000mg PO

☐ diphenhydramine (Benadryl) ☐ 25mg / ☐ 50mg ☐ PO / ☐ IV

☐ methylprednisolone (Solu-Medrol) 125mg IV

## PRE-MEDICATION ORDERS

☐ cetirizine (Zyrtec) 10mg PO

☐ loratadine (Claritin) 10mg PO

☐ famotidine (Pepcid) 20mg PO

☐ Other: _____

Dose: _____ Route: _____

Frequency: _____

## LABORATORY ORDERS

☐ CBC ☐ at each dose ☐ every _____

☐ CMP ☐ at each dose ☐ every _____

☐ CRP ☐ at each dose ☐ every _____

☐ Other: _____

## THERAPY ADMINISTRATION

☑ **Obinutuzumab** (Gazyva) intravenous infusion diluted in 100 or 250mL NS. Final concentration 0.4 to 4.0 mg/mL

- Chronic Lymphocytic Leukemia
  - ☐ Cycle 1, Day 1: Infuse 100mg at 25mg/hr over 4 hours
  - ☐ Cycle 1, Day 2: Infuse 900mg; start at 50mg/hr, can be increased if tolerated every 30 minutes to max rate of 400mg/hr
  - ☐ Cycle 1, Day 8: Infuse 1000mg; start at 50-100mg/hr, can be increased if tolerated every 30 minutes to max rate of 400mg/hr
  - ☐ Cycle 1, Day 15: Infuse 1000mg; start at 50-100mg/hr, can be increased if tolerated every 30 minutes to max rate of 400mg/hr
  - ☐ Cycle 2-6, Day 1: Infuse 1000mg; start at 50-100mg/hr, can be increased if tolerated every 30 minutes to max rate of 400mg/hr
  - ☐ Other: _____
- Follicular Lymphoma
  - ☐ Cycle 1, Day 1: Infuse 1000mg; start at 50mg/hr, can be increased if tolerated every 30 minutes to max rate of 400mg/hr
  - ☐ Cycle 1, Day 8: Infuse 1000mg; start at 50mg/hr, can be increased if tolerated every 30 minutes to max rate of 400mg/hr
  - ☐ Cycle 1, Day 15: Infuse 1000mg; start at 50-100mg/hr, can be increased if tolerated every 30 minutes to max rate of 400mg/hr
  - ☐ Cycle 2-6, Day 1: Infuse 1000mg; start at 50-100mg/hr, can be increased if tolerated every 30 minutes to max rate of 400mg/hr
  - ☐ Cycle 2-8, Day 1: Infuse 1000mg; start at 50-100mg/hr, can be increased if tolerated every 30 minutes to max rate of 400mg/hr
  - ☐ Mono-therapy: Infuse 1000mg every 2 months for up to 2 years; start at 50-100mg/hr, can be increased if tolerated every 30 minutes to max rate of 400mg/hr
  - ☐ Other: _____
- Other
  - ☐ _____

Refills: ☐ Zero / ☐ for 12

☐ _____ (if not indicated order will expire one year from date signed)

## SPECIAL INSTRUCTIONS

**Provider Name (Print)** **Date**

**Provider Signature**