

Pensacola
41 Fairpoint Drive
Suite B
Gulf Breeze, FL 32561

Boca Raton
9980 N Central Park Blvd
Suite 202
Boca Raton, FL 33428



GAZYVA

 Infusion orders

Date: _____

PATIENT INFORMATION

Name:	DOB:	SEX: M <input type="checkbox"/> F <input type="checkbox"/>
ICD-10 code (required):	ICD-10 description:	
<input type="checkbox"/> NKDA Allergies:	Weight lbs/kg:	

REFERRAL STATUS

New Referral Referral Renewal Medication/Order Change Benefits Verification Only Discontinuation Order

PHYSICIAN INFORMATION

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

DIAGNOSIS Please provide ICD-10 code

- _____ Chronic Lymphocytic Leukemia (CLL)
- _____ Follicular Lymphoma (FL)
- _____ Lupus Nephritis (LN)
- _____ _____ *(other)*

PRE-MEDICATION

Standard Premeds (ALL PATIENTS)

- Acetaminophen 650 mg PO
- Acetaminophen 1,000 mg PO
- Diphenhydramine 50 mg PO
- Other: _____

Steroid Premedication

- Dexamethasone 20 mg IV
- OR Methylprednisolone 80 mg IV

PATIENT WEIGHT

_____ lbs.
_____ kg

DOSAGE: CLL DOSING

- Cycle 1: Day 1: 100 mg
 Day 2: 900 mg
 Day 8: 1,000 mg
 Day 15: 1,000 mg
- Cycles 2-6: 1,000 mg Day 1 every 28 days

FL DOSING

- Cycle 1: Day 1, 8, 15 → 1,000 mg
- Cycles 2-6 or 2-8: Day 1 → 1,000 mg
- Maintenance: 1,000 mg every 2 months (up to 2 years)

LUPUS NEPHRITIS DOSING

- 1,000 mg initial
- Week 2: 1,000 mg
- Week 24: 1,000 mg
- Week 26: 1,000 mg
- Then every 6 months

Route:

Intravenous (IV) infusion ONLY
Do NOT administer IV push or bolus

Total dosages _____ / Refills

NOTES/ADDITIONAL COMMENTS:

ORDERING PROVIDER

Signature **X** _____ Date _____

Provider _____ Phone _____ Fax _____