

Lexington  
1792 Alysbeba Way  
Suite 205  
Lexington, KY 40509

Bowling Green  
727 U.S. 31 W Bypass  
Suite 102  
Bowling Green, KY 42101



# 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 \_\_\_\_\_