CommonSpirit

Infusion Therapy Order

Patient Name:_____ Date of Birth:_____

Address:_____ Height: _____ Weight: _____

Phone:_____ Allergies: _____

Primary Diagnosis:_____ ICD-10 Code:_____

Requested Infusion Start Date:_____ Frequency:_____

Infusion Location:_____Duration:_____

Insurance Authorization: _____

Prescriber Information:

Prescriber Name:_____ NPI: _____

Address: _____

Phone: _____ Fax: _____

Prescriber Signature:_____

******Please use a single line and mark through any orders you do not want if it is pre-checked…The Appointment request is required, but make edits to the Interval and Duration as needed…Please add any additional orders on the last page******

SJH FILGRASTIM

version 9/30/2022

Appointment Request

		Interval	Defer Until	Duration
☑	**SJH ONCBCN INJECTION APPOINTMENT REQUEST**			
☑	Injection Appointment Request	Every 1 day	S	5 treatments

Status: Future, Expected: S Approximate, Expires: S+365, Sched. Duration: 30 minutes, Sched. Tolerance: Schedule appointment at most 2 days before or at most 2 days after

Appointment Request (continued)

Labs

		Interval	Defer Until	Duration
☑	CBC with platelet count + automated diff	Every 1 day	S	5 treatments

No details available for preview

Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN THERAPY FILGRASTIM (BIOSIMILARS) INJ**			
◉	filgrastim-ayow (RELEUKO) Syrg 300 mcg	Every 1 day	S	5 treatments

300 mcg, subcutaneous, Once, Starting at treatment start time
Preferred Biosimlar Refrigerate. Do NOT shake or tube. Protect from light. Contact MD to consider discontinuation if ANC > 2,000/mL or WBC > 5,000/mL.

◎	filgrastim-ayow (RELEUKO) Syrg 480 mcg	Every 1 day	S	5 treatments

480 mcg, subcutaneous, Once, Starting at treatment start time
Preferred Biosimlar Refrigerate. Do NOT shake or tube. Protect from light. Contact MD to consider discontinuation if ANC > 2,000/mL or WBC > 5,000/mL.

◎	filgrastim (NIVESTYM) subcutaneous injection 300 mcg	Every 1 day	S	5 treatments

300 mcg, subcutaneous, Starting when released
Secondary Biosimlar Refrigerate. Do NOT shake or tube. Protect from light. Contact MD to consider discontinuation if ANC > 2,000/mL or WBC > 5,000/mL.

◎	filgrastim (NIVESTYM) subcutaneous injection 480 mcg	Every 1 day	S	5 treatments

480 mcg, subcutaneous, Starting when released
Secondar Biosimlar Refrigerate. Do NOT shake or tube. Protect from light. Contact MD to consider discontinuation if ANC > 2,000/mL or WBC > 5,000/mL.

◎	filgrastim (GRANIX) subcutaneous injection 300 mcg	Every 1 day	S	5 treatments

300 mcg, subcutaneous, Starting when released
Secondar Biosimlar Refrigerate. Do NOT shake or tube. Protect from light. Contact MD to consider discontinuation if ANC > 2,000/mL or WBC > 5,000/mL.

◎	filgrastim (GRANIX) subcutaneous injection 480 mcg	Every 1 day	S	5 treatments

480 mcg, subcutaneous, Starting when released
Secondar Biosimlar Refrigerate. Do NOT shake or tube. Protect from light. Contact MD to consider discontinuation if ANC > 2,000/mL or WBC > 5,000/mL.

◎	filgrastim-sndz (ZARXIO) injection 300 mcg	Every 1 day	S	5 treatments

300 mcg, subcutaneous, Starting when released
Non-preferred Biosimlar Refrigerate. Do NOT shake or tube. Protect from light. Contact MD to consider discontinuation if ANC > 2,000/mL or WBC > 5,000/mL.

◎	filgrastim-sndz (ZARXIO) injection 480 mcg	Every 1 day	S	5 treatments

	Interval	Defer Until	Duration

480 mcg, subcutaneous, Starting when released

Non-preferred Biosimlar Refrigerate. Do NOT shake or tube. Protect from light. Contact MD to consider discontinuation if ANC > 2,000/mL or WBC > 5,000/mL.