Defaults for orders not otherwise specified below:

- **LOADING DOSE:** Once
- **MAINTENANCE DOSE:** Every 28 days, starting 28 days after loading dose

Duration:
- Until date: __________
- 1 year
- ______ # of Treatments

Anticipated Infusion Date __________  ICD 10 Code with Description ________________________________

Height _______(cm) Weight ________ (kg) Allergies ____________________________________________

**Provider Specialty**

- ☐ Allergy/Immunology
- ☐ Infectious Disease
- ☐ OB/GYN
- ☐ Rheumatology
- ☐ Cardiology
- ☐ Internal Med/Family Practice
- ☐ Other
- ☐ Surgery
- ☐ Gastroenterology
- ☐ Nephrology
- ☐ Otolaryngology
- ☐ Urology
- ☐ Genetics
- ☐ Neurology
- ☐ Pulmonary
- ☐ Wound Care

**Site of Service**

- ☐ SH Gerber
- ☐ SH Lemmen Holton (GR)
- ☐ SH Pennock
- ☐ SH United Memorial
- ☐ SH Helen DeVos (GR)
- ☐ SH Ludington
- ☐ SH Reed City
- ☐ SH Zeeland

**Appointment Requests**

- ☑ Infusion Appointment Request
  - Status: Future, Expected: S, Expires: S+365, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Injection and possible labs

**Safety Parameters and Special Instructions**

- ☑ ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 4
  - **DEGARELIX (FIRMAGON):**
    - Monitor prostate-specific antigen (PSA) periodically, serum testosterone levels (if PSA increases; in patients with hepatic impairment: monitor testosterone levels monthly until achieve castration levels, then consider monitoring every other month.
    - Monitor bone mineral density. Supplemental calcium and vitamin D may reduce risk of osteoporosis due to androgen deprivation.
    - Consider baseline and periodic ECG monitoring.
    - Geriatric considerations: Monitor serum lipids and blood pressure.

**Labs**

<table>
<thead>
<tr>
<th>Test</th>
<th>Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete Blood Count w/Differential</td>
<td>Every 84 days</td>
</tr>
<tr>
<td>Comprehensive Metabolic Panel (CMP)</td>
<td>Every 84 days</td>
</tr>
<tr>
<td>Magnesium, Blood Level</td>
<td>Every 84 days</td>
</tr>
<tr>
<td>Phosphorus, Blood Level</td>
<td>Every 84 days</td>
</tr>
<tr>
<td>Lipid Panel</td>
<td>Every 84 days</td>
</tr>
<tr>
<td>Total Testosterone</td>
<td>Every 84 days</td>
</tr>
<tr>
<td>Prostate Specific Antigen (PSA) Screening</td>
<td>Every 84 days</td>
</tr>
</tbody>
</table>
DEGARELIX (FIRMAGON) - ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)

Patient Name
DOB
MRN
Physician
FIN

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

DEGARELIX (FIRMAGON) - ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)

Labs (continued)

☐ Lab:

☐ Every ___days
☐ Until date: ______
☐ Once
☐ 1 year
☐ _____# of Treatments

Nursing Orders

☑ ONC NURSING COMMUNICATION 100
  May Initiate IV Catheter Patency Adult Protocol

Chemotherapy

☑ degarelix (240 MG Dose) (FIRMAGON) injection 240 mg
  240 mg, Subcutaneous, Once, Starting S, For 1 Dose
  Loading dose. Inject loading dose as two 3 mL injections in different sites.

Interval | Duration
--------- | ------
Once     | 1 treatment

☑ degarelix (FIRMAGON) injection 80 mg
  80 mg, Subcutaneous, Once, Starting S, For 1 Dose
  Maintenance dose. Administer dose in 2 injections.

Interval | Duration
--------- | ------
Every 28 days |

Telephone order/Verbal order documented and read-back completed. Practitioner’s initials __________

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

EPIC VERSION DATE: 03/19/20
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