Physician’s Orders
GRANULOCYTE STIMULATION FACTOR (G-CSF) - ADULT, OUTPATIENT, INFUSION CENTER
Page 1 to 3

Defaults for orders not otherwise specified below:
- Interval: Every 1 day x 5 treatments
- Interval: Once
- Interval: Every ___ days

Duration:
- Until date: __________
- _____# 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+366, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, injection and possible labs

Provider Ordering Guidelines
- ONC SAFETY PARAMETERS AND SPECIAL INSTRUCTIONS 1
  GRANULOCYTE COLONY STIMULATING FACTOR (G-CSF):
  Do not administer in the period 24 hours before to 24 hours after cytotoxic chemotherapy. May round the dose to the nearest vial size for convenience and cost minimization

Labs
- Complete Blood Count w/Differential

- Labs: _______________________________  Every ___ days  Once  Until date: _____

CONTINUED ON PAGE 2 ➔
GRANULOCYTE STIMULATION FACTOR (G-CSF) - ADULT, OUTPATIENT, INFUSION CENTER (CONTINUED)

Medications

☑ Zarxio-preferred Per Formulary Or Granix Or Nivestym Or Neupogen Subq Once – defer to insurance requirements for specific product covered. Proceed with administration based on coverage. If more than one is approved, will confirm with ordering provider.

☑ filgrastim-sndz (ZARXIO) injection (PREFERRED)
  Normal dosing = 5 mcg/kg. Doses of 10 mcg/kg are generally reserved for Blood and Marrow Transplant (BMT) services.
  Dose:
  - 5 mcg/kg
  - 300 mcg
  - 480 mcg
  - 600 mcg
  - 780 mcg
  - 900 mcg
  - 1,080 mcg
  - 1,200 mcg
  - 1,260 mcg
  - 1,380 mcg
  - 1,440 mcg
  Subcutaneous, Once, Starting S, For 1 Doses

☐ Tbo-filgrastim (GRANIX) injection
  Normal dosing = 5 mcg/kg. Doses of 10 mcg/kg are generally reserved for Blood and Marrow Transplant (BMT) services.
  Dose:
  - 5 mcg/kg
  - 300 mcg
  - 480 mcg
  - 600 mcg
  - 780 mcg
  - 900 mcg
  - 1,080 mcg
  - 1,200 mcg
  - 1,260 mcg
  - 1,380 mcg
  - 1,440 mcg
  Subcutaneous, Once, Starting S, For 1 Doses

☐ Filgrastim-aafi (NIVESTYM) injection SOLN
  Normal dosing = 5 mcg/kg. Doses of 10 mcg/kg are generally reserved for Blood and Marrow Transplant (BMT) services.
  Dose:
  - 5 mcg/kg
  - 300 mcg
  - 480 mcg
  - 600 mcg
  - 780 mcg
  - 900 mcg
  - 1,080 mcg
  - 1,200 mcg
  - 1,260 mcg
  - 1,380 mcg
  - 1,440 mcg
  Subcutaneous, Once, Starting S, For 1 Doses
Filgrastim (NEUPOGEN) injection SOLN
Normal dosing = 5 mcg/kg. Doses of 10 mcg/kg are generally reserved for Blood and Marrow Transplant (BMT) services.
Dose:
- 5 mcg/kg
- 300 mcg
- 480 mcg
- 600 mcg
- 780 mcg
- 900 mcg
- 1,080 mcg
- 1,200 mcg
- 1,260 mcg
- 1,380 mcg
- 1,440 mcg

Subcutaneous, Once, Starting S, For 1 Doses