PROVIS

Provis Patient No.

MEDICATION ORDER FORM

Cetuximab (Erbitux®)

Patient's Surname	Given Name & Initials	Date of Birth _____ / _____ / _____ dd mm yyyy

Referring MD/Oncologist

Patient's Height: _____ cm Weight: _____ kg BSA: _____ m^2	Dose Reduction? Yes ☐ No ☐ Reason: ....

Current Protocol (If any concurrent chemotherapy):

.....
(i.e. Irinotecan + Cetuximab)

Cycle:

:.....
(One cycle is 4 weekly treatments)

Pre-Medication

- ☐ Benadryl 50 mg IV prior to first 2 infusions
- ☐ Tylenol 650 mg PO prior to first 2 infusions
- ☐ Decadron 4 mg IV 30 minutes prior to first 2 infusions

Antiemetics:

- ☐ Stemetil 10 mg PO/IV prn **OR** Gravol 25 mg IV prn

Medication prescribed: Please indicate (x) which series of treatments this order refers to

☐Tx 1: Cetuximab____mg (400 or ____mg/m2)

☐Tx 2-4: Cetuximab_____mg (250 or ____mg/m2)

☐Tx _____: Cetuximab_____mg (i.e. 5-8 or 9-12) (250 or _____mg/m2)

(For Provis Use Only)

Tx____ _____ Date

Tx____ _____ Date

Tx____ _____ Date

Tx____ _____ Date

Initial loading dose administered over 120 minutes (rate not to exceed 5mL/minute).
Subsequent doses administered over 60 minutes or _____ minutes (rate not to exceed 5 mL/minute).
Patients to be observed for 60 minutes following initial infusion and if infusion reactions develop.

Parameters:
Patients should be monitored for infusion reactions and development of acneform rash. Reductions in infusion rate are necessary for patients who develop infusion reactions. Dosage reductions are required for patients who develop worsening acneform rash.
In patients with acute onset or worsening pulmonary symptoms, Cetuximab therapy should be interrupted and prompt investigation of symptoms should be undertaken. If interstitial lung disease is confirmed, therapy should be discontinued.

Physician's Signature (Referring Oncologist)	_____ / _____ / _____ dd mm yyyy
Signature of Provis Physician	_____ / _____ / _____ dd mm yyyy

Repeat Order:
Provis requires a new medication order for each cycle or series of 4 treatments (q28 day cycle)

Fax completed form to: 416-532-3635

PROVIS

Information for Physicians

Erbitux® Infusion at Provis Infusion Clinic

We would like to make the coordination of systemic therapy at the Provis Clinic and your facility as easy and seamless as possible for both you and your patient.

1. Erbitux® infusions are scheduled weekly and require a new Medication Order Form every 4 weeks. In patients who are receiving chemotherapy, Erbitux® infusions may be continued while chemotherapy is held for low counts.

2. Laboratory tests must be coordinated from your facility. We require a baseline CBC and chemistry (including calcium and magnesium) prior to initiating treatment with updated lab results forwarded to Provis prior to each 4 weeks of treatment being renewed. Our staff may call your office to clarify in any cases of uncertainty.

3. In the event of concerns regarding interstitial lung disease, severe skin reactions, or infusion reactions Provis will contact the referring physician directly.

If there are any questions or concerns, please do not hesitate to contact our office at Tel. 416-595-0500.

The Provis Team