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					Name:		
Ipilimumab (Yervoy)				DOB:			
				Diagnosis/Code:		/	
				Cancer Stage:			
Weight:	lb		1	kg		BSA: N/A	
$\square$ Call for weight change greater than 10% from weight listed on order						Mg/Kg dosing	
No dose modifica	tions required for any we	eight change					
Patient Clearance:		0 0	Attach Treat	tment Cons	ent Form 🗆		
	or to every				ach treatment.		
	from labs to day of infus	sion (Metro cent	ers are not all open e	very day)			
3 days/	days	ootmont that	chould be comp	lated by raf	forring office	nrier to clearance for Infusion:	
•			•	leted by rei	erring onice	prior to clearance for Infusion:	
Will be done at referring office (Name and phone# of who to expect labs from):         CMP with each treatment         CBC with each treatment							
Other:       Image: Patient should have a TSH; at least every 3 cycles.							
					triaaer a call	from the Infusion staff	
Hold and call provi		Platelet:					
•	T's 3x or L		hin 1 5x I II N				
Hold and call for cr			BIT 1.5X OLIV				
□ No hold parameter							
Hydration Orders:							
Not required							
	d Antiemetic orders		rad (minimal amatag	onic notontial)			
Treatment orders:			red (minimal effetog	enic potential)			
meatiment orders.					DATE		
DRUG	DOSE	DOSE	SOLUTION AND	ROUTE	RAIF	FREQUENCY DATES TO BE GIVEN	
DRUG	DOSE CALCULATION	DOSE	SOLUTION AND VOLUME	ROUTE	RATE	FREQUENCY, DATES TO BE GIVEN and TOTAL DOSES	
DRUG		DOSE		ROUTE	KATE		
DRUG	CALCULATION Flat dosing	DOSE	<b>VOLUME</b> As per	IVPB			
DRUG	CALCULATION	DOSE	VOLUME		30 mins	and TOTAL DOSES	
	CALCULATION Flat dosing 10 mg/kg		VOLUME As per Pharmacy As per		30 mins	and TOTAL DOSES	
	CALCULATION Flat dosing		<b>VOLUME</b> As per Pharmacy	IVPB		and TOTAL DOSES	
<ul> <li>Ipilimumab*</li> <li>Ipilimumab*</li> </ul>	CALCULATION Flat dosing 10 mg/kg 3 mg/kg	mg	VOLUME As per Pharmacy As per Pharmacy As per	IVPB	30 mins 30 mins	and TOTAL DOSES         Every 3 weeks x doses         Every 3 weeks x doses	
□ Ipilimumab*	CALCULATION Flat dosing 10 mg/kg	mg	VOLUME As per Pharmacy As per Pharmacy	IVPB IVPB	30 mins	and TOTAL DOSES      Every 3 weeks x doses      Every 3 weeks x doses      Every 12 weeks x doses	
<ul> <li>Ipilimumab*</li> <li>Ipilimumab*</li> </ul>	CALCULATION Flat dosing 10 mg/kg 3 mg/kg	mg	VOLUME As per Pharmacy As per Pharmacy As per	IVPB IVPB	30 mins 30 mins	and TOTAL DOSES	
<ul> <li>Ipilimumab*</li> <li>Ipilimumab*</li> <li>Ipilimumab*</li> <li>Ipilimumab*</li> <li>Ipilimumab*</li> </ul>	CALCULATION Flat dosing 10 mg/kg 3 mg/kg 1 mg/kg	mg mg mg	VOLUMEAs per PharmacyAs per PharmacyAs per PharmacyAs per PharmacyAs Per PharmacyAs Per Pharmacy	IVPB IVPB IVPB IVPB	30 mins 30 mins 30 mins	and TOTAL DOSES         Every 3 weeks x       doses         Every 3 weeks x       doses         Every 12 weeks x       doses         Every 3 weeks x       doses         Every 4 weeks x       doses         Every 5 weeks x       doses	
Ipilimumab*  Ipilimumab*  Ipilimumab*  Ipilimumab*  Ipilimumab*  *When administered in	CALCULATION Flat dosing 10 mg/kg 3 mg/kg 1 mg/kg	mg mg mg mg umab, infuse niv	VOLUMEAs per PharmacyAs per PharmacyAs per PharmacyAs per PharmacyAs Per PharmacyAs Per Pharmacy	IVPB IVPB IVPB IVPB	30 mins 30 mins 30 mins	and TOTAL DOSES     Every 3 weeks x     Every 3 weeks x     doses     Every 12 weeks x     doses     Every 3 weeks x     doses     Every 4 weeks x     doses     Every 5 weeks x     Veeks x	
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Ipilimumab* Ipilimumab* Ipilimumab* Ipilimumab* Ipilimumab* *When administered in Date of intended first to the second secon	CALCULATION Flat dosing 10 mg/kg 3 mg/kg 1 mg/kg n combination with nivol reatment at Metro Infus may be given +/- 2 days	mgmgmgmg umab, infuse niv ion Center: or as otherwise	VOLUME As per Pharmacy As per Pharmacy As per Pharmacy As Per Pharmacy olumab first followed	IVPB IVPB IVPB IVPB	30 mins 30 mins 30 mins n the same day	and TOTAL DOSES     Every 3 weeks x     Every 3 weeks x     doses     Every 12 weeks x     doses     Every 3 weeks x     doses     Every 4 weeks x     doses     Every 5 weeks x     Veeks x	
Ipilimumab* Ipilimumab* Ipilimumab* Ipilimumab* Ipilimumab* *When administered in Date of intended first to the second secon	CALCULATION Flat dosing 10 mg/kg 3 mg/kg 1 mg/kg n combination with nivol reatment at Metro Infus may be given +/- 2 days	mgmgmgmg umab, infuse niv ion Center: or as otherwise	VOLUME As per Pharmacy As per Pharmacy As per Pharmacy As Per Pharmacy olumab first followed	IVPB IVPB IVPB IVPB	30 mins 30 mins 30 mins n the same day	and TOTAL DOSES     Every 3 weeks x     Every 3 weeks x     doses     Every 12 weeks x     doses     Every 3 weeks x     doses     Every 4 weeks x     doses     Every 5 weeks x     Veeks x	
Ipilimumab*  Ipilimumab*  Ipilimumab*  Ipilimumab*  Ipilimumab*  *When administered in Date of intended first the Subsequent treatment of the same	CALCULATION Flat dosing 10 mg/kg 3 mg/kg 1 mg/kg n combination with nivol reatment at Metro Infus may be given +/- 2 days 7 ay as nivolumab- give Nit	mgmgmgmg umab, infuse niv ion Center: or as otherwise <b>This order is g</b> volumab first the	VOLUME As per Pharmacy As per Pharmacy As per Pharmacy As Per Pharmacy rolumab first followed specified: ood for 1 year fro	IVPB IVPB IVPB IVPB IVPB	30 mins 30 mins 30 mins n the same day	and TOTAL DOSES     Every 3 weeks x     Every 3 weeks x     doses     Every 12 weeks x     doses     Every 3 weeks x     doses     Every 4 weeks x     doses     Every 5 weeks x     Veeks x	
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Ipilimumab* Ipilimumab* Ipilimumab* Ipilimumab* Ipilimumab* *When administered in Date of intended first t Subsequent treatment Other: If giving on the same d Use inline non-pyrogen Oral cancer treatment Call referring prov	CALCULATION Flat dosing 10 mg/kg 3 mg/kg 1 mg/kg 1 mg/kg n combination with nivol reatment at Metro Infus may be given +/- 2 days 7 ay as nivolumab- give Nimic, low protein binding in patient is taking:	mgmgmgmgmgmg umab, infuse niv ion Center:or as otherwise <b>This order is g</b> volumab first the n-line filter (pore	VOLUME As per Pharmacy As per Pharmacy As per Pharmacy As Per Pharmacy olumab first followed specified: ood for 1 year from en ipilimumab es size of 0.2-0.5 micro	IVPB IVPB IVPB IVPB IVPB	30 mins 30 mins 30 mins n the same day	and TOTAL DOSES     Every 3 weeks x     Every 3 weeks x     doses     Every 12 weeks x     doses     Every 3 weeks x     doses     Every 4 weeks x     doses     Every 5 weeks x     Veeks x	
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Ipilimumab*      Ipilimumab*      Ipilimumab*      Ipilimumab*      Ipilimumab*      Ipilimumab*      When administered in Date of intended first t Subsequent treatment      Other:      If giving on the same d Use inline non-pyrogen Oral cancer treatment      Call referring prov      1. Rash     2. Elevated LFT     3. Severe fatigu     4. Allergic react	CALCULATION Flat dosing 10 mg/kg 3 mg/kg 1 mg/kg 1 mg/kg m combination with nivol reatment at Metro Infus may be given +/- 2 days 7 ay as nivolumab- give Nimic, low protein binding in patient is taking: ider for: 's or creatinine as outline te or weight loss tion – will plan for preme	mgmgmgmgmg umab, infuse niv ion Center:or as otherwise rhis order is g volumab first the n-line filter (pore e above Sever Neur	VOLUME As per Pharmacy As per Pharmacy As per Pharmacy As Per Pharmacy olumab first followed specified: ood for 1 year from en ipilimumab e size of 0.2-0.5 micro hea of 6/day re SOB; pulse oximeter ologic changes	IVPB IVPB IVPB IVPB d by YERVOY of om the date	30 mins 30 mins 30 mins n the same day	and TOTAL DOSES     Every 3 weeks x     Every 3 weeks x     doses     Every 12 weeks x     doses     Every 3 weeks x     doses     Every 4 weeks x     doses     Every 5 weeks x     Veeks x	
Ipilimumab* Ipilimumab* Ipilimumab* Ipilimumab* Ipilimumab* *When administered in Date of intended first the Subsequent treatment of the same of Use inline non-pyrogen Oral cancer treatment of Call referring provors 1. Rash 2. Elevated LFT 3. Severe fatigute	CALCULATION Flat dosing 10 mg/kg 3 mg/kg 1 mg/kg 1 mg/kg m combination with nivol reatment at Metro Infus may be given +/- 2 days 7 ay as nivolumab- give Nimic, low protein binding in patient is taking: ider for: 's or creatinine as outline te or weight loss tion – will plan for preme	mgmgmgmgmg umab, infuse niv ion Center:or as otherwise rhis order is g volumab first the n-line filter (pore e above Sever Neur	VOLUME As per Pharmacy As per Pharmacy As per Pharmacy As Per Pharmacy olumab first followed specified: ood for 1 year from en ipilimumab e size of 0.2-0.5 micro hea of 6/day re SOB; pulse oximeter ologic changes	IVPB IVPB IVPB IVPB d by YERVOY of om the date	30 mins 30 mins 30 mins n the same day	and TOTAL DOSES     Every 3 weeks x     Every 3 weeks x     doses     Every 12 weeks x     doses     Every 3 weeks x     doses     Every 4 weeks x     doses     Every 5 weeks x     Veeks x	

All information in this order is strictly confidential and will become part of the patient's medical record. Contact us with questions at (877)448-3627. Send completed form and all documentation to confidential email: <u>Intake@metroinfusioncenter.com</u> or fax to (866)507-1164.