



MRN: _____
 DOB: _____

Phone: 1-800-809-1265 Fax: 1-866-872-8920

STANDARD CYCLOPHOSPHAMIDE PLAN OF

NOTE: Patient may be ineligible to receive cyclophosphamide if receiving antibiotics for active infectious process, antifungal therapy, active fever and/or suspected infection, new or worsening symptoms of CHF, unable to adequately hydrate, or planned/recent surgery.

1. Patient Name: _____ Height (inches): _____ Weight (lbs): _____

2. Allergies: _____

3. Diagnosis: Primary ICD-10 Code: _____ Diagnosis description: _____

Secondary ICD-10 Code: _____ Diagnosis description: _____

4. Pre-medications: Administered 30 minutes prior to infusion as selected:

Acetaminophen: <input type="checkbox"/> 650 mg PO <input type="checkbox"/> 500 mg PO <input type="checkbox"/> 325 mg PO	Ondansetron: <input type="checkbox"/> 4 mg PO, <input type="checkbox"/> 4 mg IV, <input type="checkbox"/> 8 mg PO, or <input type="checkbox"/> 8 mg IV. May repeat x _____ <input type="checkbox"/> 10 mg/50 ml Sodium Chloride IV over 15-30 minutes <input type="checkbox"/> Dexamethasone 10 mg IV over 15-30 mins or other _____ mg IV Mesna _____ mg over _____ minutes IV prior to infusion
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Pre-medicate with other: _____

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Check for blood return prior to start of Cyclophosphamide and utilize Hazardous Drug Precautions.

- 5. Orders:**
- Cyclophosphamide _____ mg in _____ ml of Sodium Chloride 0.9% IV to infuse over _____ minutes
 - Pre- hydration: Infuse _____ ml Sodium Chloride 0.9% IV over _____ hours before Cyclophosphamide
 - Post- hydration: Infuse _____ ml Sodium Chloride 0.9% IV over _____ hours after Cyclophosphamide
 - Encourage oral hydration of _____ after infusion

6. Frequency: Orders to be completed every _____ week (s) x _____ month(s)

Special Orders: _____

Clinical lab monitoring required: CBC results required 7-10 days after each infusion. Next treatment will be held for WBC level less than 2.5 K/uL. The referring MD office will be notified, and treatment will not be resumed until MD clearance received.

If adverse drug reaction occurs, utilize the ADVERSE DRUG REACTION GUIDELINES

7. Physician's Signature: _____ / _____ Date: _____
No Stamp Signatures (Dispense as written) (Substitution permitted)

Printed Physician's Name with Credentials: _____ NPI: _____

8. Fax updated supporting clinical MD notes with each order renewal or change in orders
Infusion order forms and Adverse Drug Reaction Guidelines are available at www.palmettoinfusion.com



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Guidelines for Prescribing Cyclophosphamide (Required documentation with all initial referrals)

Patient Name: _____ Referral Date: _____

- ___ Include signed and completed **Plan of Treatment**. (MD must complete sections 1-8)
(Infusion order forms & Standard Adverse Reactions orders are available at www.palmettoinfusion.com under Agency/MD tab)
- ___ Include patient demographic information and insurance information. (Copy of insurance cards if available)
- ___ **Supporting clinical MD notes to include any past tried and/or failed therapies, intolerance, outcomes or contraindications to conventional therapy. Include any lab results and/or tests to support diagnosis.**
- ___ If patient is switching biological therapies, then MD must specify wash-out period prior to starting Cyclophosphamide as specified of _____ weeks. Last known biological therapy: _____ and last date received: _____. (Include copy of last infusion record if available and currently on therapy)
- ___ Other as requested: _____

Pre-Screening:

- ___ **CBC results within last 30 days required prior to start of therapy.**

**** Warnings/Precautions: Serious Infections, Myelosuppression, Immunosuppression, & Bone Marrow Failure: Severe Immunosuppress can occur, patients should not have any active ongoing infections or wound. Close hematological monitoring is required. Urinary Tract & Renal Toxicity: Urinary outflow obstruction is a contraindication to therapy. Hemorrhagic cystitis, pyelitis, ureteritis, and hematuria can occur. Cardiotoxicity: Myocarditis, myopericarditis, pericardial effusion, arrhythmias, and congestive heart failure have been reported. Pulmonary Toxicity: Pneumonia, pulmonary fibrosis, & pulmonary veno-occlusive disease may occur. Secondary malignancies. Liver Disease: Veno-occlusive disease may occur. Female & Male reproductive potential: Counsel patients on pregnancy prevention and planning advised. Aggressive Hydration is suggested and monitoring for hyponatremia advised.**
See full prescribing information.

Palmetto Infusion Services will complete insurance verification and submit all required clinical documentation to the patient's insurance company for eligibility. Our office will notify you if any further information is required. We will review financial responsibility with the patient and refer them to any available Co-pay assistance as required. Thank you for the referral.

Please fax all information to 1-866-872-8920 or call 1-800-809-1265 for assistance.