Trastuzumab/hyaluronidase (Herceptin HYLECTA)

Provider Order Form rev. 10/30/2023

PATIENT INFORMATION

Referral Status: ☐ New Referral ☐ Updated Order ☐ Order Renewal

Patient Name: DOB: Patient Phone:

Patient Address: Patient Email:

Allergies: ☐ NKDA Weight (lbs/kg): Height (in/cm):

Sex: ☐ M / ☐ F Date of Last Infusion: Next Due Date: Preferred Location:

DIAGNOSIS *(Please provide ICD-10 code in space provided)*

HER2 positive Breast Cancer: Metastatic Breast Cancer:

Other: Description:

THERAPY ADMINISTRATION

☑ Administer Herceptin Hylecta 600mg trastuzumab and 10,000 units hyaluronidase subcutaneously in the thigh over 2-5mins every 3 weeks for _____ doses

ADDITIONAL ORDERS

LABORATORY ORDERS

☑ Echo or Muga scan must be obtained every 3 months while on therapy

☐ CBC w/diff, AST, ALT Every _____ weeks

☐ Other: _____

PRE-MEDICATION ORDERS

☐ Other: _____

NURSING

☑ Hold infusion and notify provider for:

- Symptoms of cardiomyopathy (arrhythmias, hypertension, recent MI and decreased LVEF)
- Symptoms of pulmonary toxicity (dyspnea, pulmonary edema, hypoxia, symptoms of lung disease)
- Positive pregnancy test
- History of allergic reaction to any component in Herceptin Hylecta.

☑ Provide nursing care per Nursing Procedure, including Hypersensitivity Reaction Management Protocol and post-procedure observation

PROVIDER INFORMATION

Preferred Contact Name: Preferred Contact Email:

Ordering Provider: Provider NPI:

Referring Practice Name: Phone: Fax:

Practice Address: City: State: Zip Code:

REQUIRED DOCUMENTATION CHECKLIST *(Additional documentation required for processing and insurance approval)*

Required Documentation: Patient demos, copy of front and back of primary and secondary insurance, 2 most recent OVN including treatment failures or contraindications, Cardiac history. pulmonary history, pregnancy test, Echo or Muga scan with EF

Required Labs: Most recent CBC with diff, LFTs, HER2 test results.

Provider Name *(print)* **Provider Signature** **Date**

Order valid for one year unless otherwise indicated. IV solutions/diluents may be substituted as allowed per manufacturer's instructions as necessitated by product availability.