



# METRO INFUSION CENTER

## Firmagon® (degarelix)

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Diagnosis/Code: \_\_\_\_\_/\_\_\_\_\_

### Dose calculation:

Flat dose, not a weight-based medication

### Laboratory or Other Tests Related to Chemotherapy:

### Dosing Guidelines/ Parameters:

Hydration Orders:  Not Required

Premedication and Antiemetic Orders: Not Required

### Medication Orders:

DRUG	DOSE	ROUTE	DAYS TO BE GIVEN
<input type="checkbox"/> Firmagon® (degarelix)	240 mg 2 - 120mg (3ml)	SQ *	Day 1 only loading dose
<input type="checkbox"/> Firmagon® (degarelix)	80mg 1 - 4ml dose	SQ	Every 4 weeks maintenance dosing

\*Administered as (2) 120 mg (3ml each)

Day 1 = \_\_\_\_\_ then every week (+/- 2 days)

This order is good for 1 year from the date ordered

### Other:

### Call referring provider for:

Other reasons to call:

DATE

Referring

Provider: \_\_\_\_\_

SIGNATURE REQUIRED

Telephone# \_\_\_\_\_

PRINTED NAME REQUIRED

Send a referral via fax at 866-507-1164 or email to the [bionurses@metroinfusioncenter.com](mailto:bionurses@metroinfusioncenter.com)