



# METRO INFUSION CENTER

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

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

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

## Atezolizumab (Tecentriq)

- Call for weight change greater than 10 % from baseline  
 No dose modifications required for any weight change

BSA: N/A  
Flat dosing**Laboratory or Other Tests Related to Treatment:**

CMP with each treatment

- 
- CBC with each treatment

Other: \_\_\_\_\_;

Patient should have a TSH; at least every 3 cycles (call if these labs have not been ordered after 3 cycles)

**Dosing Guidelines/ Parameters: Provider must select hold parameters that will trigger a call from the RN**

- No hold for ANC/Plt OR Call for \_\_\_\_\_  
 Hold and call for LFT's 3 x ULN and/or Bilirubin 1.5x ULN  
 Hold and call for creatinine 1.5x ULN  
 Amylase 2 x ULN  
 Lipase 2 x ULN  
 No hold parameters

Other: \_\_\_\_\_

**Hydration Orders:**  Not Required**Premedication and Antiemetic Orders:**  Not Required (minimal emetogenic potential)**Treatment Orders:**

DRUG	DOSE CALCULATION	DOSE	SOLUTION AND VOLUME	ROUTE	RATE	FREQUENCY, DATES TO BE GIVE AND TOTAL DOSES
Atezolizumab (Tesentriq)	Flat Dose	840 mg	As per pharmacy	IVPB	60 min*	Every 2 weeks
Atezolizumab (Tesentriq)	Flat Dose	1200 mg	As per pharmacy	IVPB	60 min*	Every 3 weeks
Atezolizumab (Tesentriq)	Flat Dose	1680 mg	As per pharmacy	IVPB	60min*	Every 4 weeks

\*If first treatment tolerated without reaction, subsequent cycles to run over 30 minutes

Date of first treatment: \_\_\_\_\_/subsequent treatments may be given +/- 2 days

This order is good for 1 year from the date ordered

**Other:**

Use inline non-pyrogenic, low-protein binding in-line filter (pore size of 0.2–0.22 micron)

Oral medications patient is on: \_\_\_\_\_

**Call referring provider for:**

- Rash
- Diarrhea of 6/day
- Elevated LFT's or creatinine as outlined above
- Severe SOB; pulse oximeter less than 90%
- Severe fatigue or weight loss
- Neurologic changes
- Allergic reaction- will plan for premeds with subsequent cycles

Other reasons to call:

**DATE****Referring****Provider:** \_\_\_\_\_

SIGNATURE REQUIRED

\_\_\_\_\_

PRINTED NAME REQUIRED

**Telephone** \_\_\_\_\_