**Have Hypersensitivity Reaction Tray and Protocol Available**

### TREATMENT:

- **Cycle 1 Only** (NEW patients ONLY – Omit for patients continuing single-agent trastuzumab following a trastuzumab-containing chemotherapy regimen)
  
  \[
  \text{trastuzumab } 8 \text{ mg/kg } \times \text{kg} = \text{mg} \text{ IV in NS 250 mL over 1 hour 30 minutes. Observe for 1 hour post-infusion.}
  \]
  
  Pharmacy to select trastuzumab brand as per Provincial Systemic Therapy Policy III-190

<table>
<thead>
<tr>
<th>Drug</th>
<th>Brand (Pharmacist to complete. Please print.)</th>
<th>Pharmacist Initial and Date</th>
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<tbody>
<tr>
<td>trastuzumab</td>
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</table>

- **OR**
  
  **Cycle 2**
  
  \[
  \text{trastuzumab } 6 \text{ mg/kg } \times \text{kg} = \text{mg} \text{ IV in NS 250 mL over 1 hour. Observe for 30 minutes post-infusion.}
  \]
  
  Pharmacy to select trastuzumab brand as per Provincial Systemic Therapy Policy III-190

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- **Cycle 3 and subsequent** (maximum 17 cycles total including previous adjuvant chemotherapy containing trastuzumab):
  
  \[
  \text{trastuzumab } 6 \text{ mg/kg } \times \text{kg} = \text{mg} \text{ IV in NS 250 mL over 30 minutes } \times \text{cycle(s). Observe for 30 minutes post-infusion (not required after 3 treatments with no reaction).}
  \]
  
  Pharmacy to select trastuzumab brand as per Provincial Systemic Therapy Policy III-190

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acetaminophen 325 to 650 mg PO PRN for headache and rigors

Proceed with treatment based on blood work from ________________________________

**DOCTOR’S SIGNATURE:**

BC Cancer Provincial Preprinted Order **BRAJTR**

Created: 14 Jul 2006    Revised: 1 Feb 2020 (Biosimilar section added)
**RETURN APPOINTMENT ORDERS**

- Return in **three** weeks for Doctor and Cycle ________.
- Return in _________ weeks for Doctor and Cycle(s) _________.
- Last Cycle. Return in ________ weeks.

**MUGA Scan or Echocardiogram** every □ 3 months or □ 4 months from onset of trastuzumab and upon completion of treatment (17 cycles).

If clinically indicated x ________ weeks:
- □ CBC & Diff, platelets prior to next treatment
- □ ECG  □ Echocardiogram  □ MUGA Scan
- □ CA15-3  □ LFTs  □ Creatinine
- Other tests:
- Consults:
- See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**UC SIGNATURE:**