



Fax: _____ Phone: _____

Name _____

DOB _____ ID# _____

Weight _____ Date _____

BSA _____ m²

Mitoxantrone (NOVANTRONE)

Diagnosis: (ICD-10 code) _____ - Description _____

For Provider

- Do not give to patients with hepatic impairment, or have either left ventricular ejection fraction of less than 50% or a clinically significant reduction in left ventricular ejection fraction
- Maximum cumulative lifetime dose = 140 mg/m²

Outpatient Medications

Infusion Medication

Mitoxantrone (NOVANTRONE) in 0.9% Sodium Chloride 100 mL IV Infusion

Dose: 12 mg/m² x BSA (m²) = Total Dose _____ mg

IV over 15 minutes per quarter

Pre-Meds

Ondansetron (ZOFRAN) tablet

Dose: 8 mg PO Once, 30 minutes prior to Mitoxantrone infusion

Other: _____

Labs

Additional Orders

Provider Signature: _____ Date: _____

Printed Name: _____ Phone: _____ Fax: _____