

Doctor's Order Sheet
**PEMEtrexed 500 -
 pembrolizumab 2 mg/kg
 Maintenance Regimen
 (Part I)**

ARIA Protocol Name: Peme500 Pembro2mg/kg Maint
 Adult Chemotherapy- Medical Oncology
 Advanced Non-Small Cell Lung Cancer Therapy



CC2200 0091 09 2021

Name: _____

HCN: _____

Date of Birth: _____

Allergies:

No Known

Date: DD/MONTH/YYYY Planned Administration Date: DD/MONTH/YYYY
 Cycle of **Cycle Duration: 21 days** Date of previous cycle: DD/MONTH/YYYY

MAY PROCEED WITH DOSES AS WRITTEN IF:

- ANC **greater than or equal to** 1.5 X 10⁹/L and platelets **greater than or equal to** 100 X 10⁹/L, otherwise notify Medical Oncologist.
- Creatinine Clearance **greater than or equal to** 45 mL/minute, otherwise notify Medical Oncologist.
- LFTs and Bilirubin assessed.
- Thyroid function assessed.

PREMEDICATIONS (FOR COMMUNITY PHARMACY):

dexamethasone 4 mg PO bid x 3 days starting the day before chemotherapy

Other: _____

PREMEDICATIONS (FOR HOSPITAL PHARMACY):

metoclopramide 10 mg PO on day 1

Other: _____

PLEASE REFER TO CHEMOTHERAPY LETTER WHEN ORDERING SUPPORTIVE MEDICATIONS FOR THIS PATIENT

Authorized Prescriber: _____ Date: DD/MONTH/YYYY Time: _____

Authorized Prescriber's Signature: _____ ID #: _____

Nurse's Name: _____ Date: DD/MONTH/YYYY Time: _____

Nurse's Signature: _____

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Doctor's Order Sheet
**PEMEtrexed 500
 pembrolizumab 2 mg/kg
 Maintenance Regimen**
 (Part II)

Name: _____

HCN: _____

Date of Birth: _____

ARIA Protocol Name: Peme500 Pembro2mg/kg Maint
 Adult Chemotherapy - Medical Oncology
 Advanced Non-Small Cell Lung Cancer Therapy



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Weight: _____ kg Height: _____ cm Body Surface Area (BSA) = _____

HYDRATION/SUPPORTIVE CARE (FOR COMMUNITY PHARMACY):

folic acid 0.4 mg PO daily

Starting at least 7 days prior to the first cycle, and to continue while on treatment,
 until 21 days after last pemetrexed dose

cyanocobalamin 1000 mcg IM every 9 weeks

Starting at least 7 days prior to the first cycle, and to continue while on treatment,
 until 21 days after last pemetrexed dose

CHEMOTHERAPY (FOR HOSPITAL PHARMACY):

pembrolizumab 2 mg/kg X Weight (kg) = _____ mg (maximum dose 200mg) IV
 in 50 mL normal saline over 30 minutes on day 1

PEMEtrexed 500 mg/m² X BSA = _____ mg IV in 100 mL normal saline
 over 10 minutes on day 1

Dose modification: 500 mg/m² X BSA - _____ % = _____ mg IV in 100 mL normal saline
 over 10 minutes on day 1

PLEASE REFER TO CHEMOTHERAPY LETTER WHEN ORDERING SUPPORTIVE MEDICATIONS FOR THIS PATIENT

Authorized Prescriber: _____ Date: DD/MONTH/YYYY Time: _____

Authorized Prescriber's Signature: _____ ID #: _____

Nurse's Name: _____ Date: DD/MONTH/YYYY Time: _____

Nurse's Signature: _____

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