

avelumab 10 mg/kg

Regimen: Cycles 5+

ARIA Protocol Name: Avelumab 10mg/kg - Urothelial
Adult Chemotherapy - Medical Oncology

Locally Advanced or Metastatic Urothelial Carcinoma



CC4400 0250 10 2022

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

Name _____

HCN _____

Date of _____

Allergies:

☐ No Known

Date: _____ DD/MONTH/YYYY

Planned Administration Date: _____ DD/MONTH/YYYY

Cycle: _____ of _____

Cycle Duration: 14 days

Date of previous cycle: _____ DD/MONTH/YYYY

MAY PROCEED WITH DOSES AS WRITTEN IF:

- CBC and differential assessed.
- LFTs and Bilirubin assessed.
- Creatinine clearance assessed.

PREMEDICATIONS: None recommended

☐ Other: _____

CHEMOTHERAPY (FOR HOSPITAL PHARMACY):

☐ **avelumab 10 mg/kg** X Weight (kg) = _____ **mg (maximum dose 800mg)**

IV in 250 mL normal saline over 60 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: _____

THIS IS A CONTROLLED DOCUMENT. PLEASE ENSURE THAT YOU ARE READING THE MOST RECENT VERSION.