

Doctor's Order Sheet

**enfortumab vedotin 1.25 mg/kg -  
pembrolizumab 200 mg**

Regimen (Part I)

**ARIA Protocol Name:** enfortumab vedotin pembrolizumab Compassionate

Adult Chemotherapy - Medical Oncology

First line Advanced Urothelial Cancer



CC6840 0504 09/2024

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

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**  $1.0 \times 10^9/L$  and platelets **greater than or equal to**  $75 \times 10^9/L$ , otherwise notify Medical Oncologist.
- LFTs and Bilirubin assessed.
- Creatinine clearance assessed.

**PREMEDICATIONS (FOR HOSPITAL PHARMACY):**

**metoclopramide 10 mg PO** pre enfortumab vedotin on days 1 and 8

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

**CHEMOTHERAPY (FOR HOSPITAL PHARMACY):**

**enfortumab vedotin 1.25 mg/kg X Weight (kg) = \_\_\_\_\_ mg (maximum dose 125 mg)**

Dose modification: **enfortumab vedotin 1 mg/kg X Weight (kg) = \_\_\_\_\_ mg (maximum dose 100 mg)**

Dose modification: **enfortumab vedotin 0.75 mg/kg X Weight (kg) = \_\_\_\_\_ mg (maximum dose 75 mg)**

Dose modification: **enfortumab vedotin 0.5 mg/kg X Weight (kg) = \_\_\_\_\_ mg (maximum dose 50 mg)**

**IV** in 50 mL normal saline over 30 minutes on days 1 and 8. Observe for 60 minutes post infusion for cycle 1 to 3.

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.

Doctor's Order Sheet

**enfortumab vedotin 1.25 mg/kg -  
pembrolizumab 200 mg**

Regimen (Part II)

**ARIA Protocol Name:** enfortumab vedotin pembrolizumab Compassionate

Adult Chemotherapy - Medical Oncology

First line Advanced Urothelial Cancer



CC6840 0504 09/2024

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

**CHEMOTHERAPY (FOR HOSPITAL PHARMACY):**

**pembrolizumab 200 mg**

**IV** in 50 mL normal saline over 30 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: \_\_\_\_\_

Name

:

HCN

:

Date of Birth:

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