

Doctor's Order Sheet  
**epcoritamab 48 mg**

Regimen: Cycles 10+  
ARIA Protocol Name: epcoritamab

Adult Chemotherapy - Hematology Oncology

Relapsed or Refractory Diffuse Large B-Cell Lymphoma (DLBCL), DLBCL transformed from indolent lymphoma, high grade B-cell lymphoma (HGBCL), primary mediastinal B-cell lymphoma (PMBCL) or follicular lymphoma Grade 3B (FLG3b)

Name: \_\_\_\_\_

HCN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_



CC6990 0519 10/2024

**Allergies:**

**No Known**

Date: DD/MONTH/YYYY

Planned Administration Date: DD/MONTH/YYYY

Cycle \_\_\_\_\_ of \_\_\_\_\_

**Cycle Duration: 28 days**

Date of previous cycle: DD/MONTH/YYYY

**MAY PROCEED WITH DOSES AS WRITTEN IF:**

- ANC **greater than or equal to** 0.5 X 10<sup>9</sup>/L and platelets **greater than or equal to** 50 X 10<sup>9</sup>/L, otherwise notify Hematologist.
- LFTs and Bilirubin assessed.
- Creatinine clearance assessed.

**PREMEDICATIONS (FOR HOSPITAL PHARMACY):**

- diphenhydrAMINE 50 mg PO** pre epcoritamab on day 1
- acetaminophen 650 mg PO** pre epcoritamab on day 1
- dexamethasone 16 mg PO** pre epcoritamab on day 1
- Other: \_\_\_\_\_

**CHEMOTHERAPY (FOR HOSPITAL PHARMACY):**

- epcoritamab 48 mg SUBCUTANEOUS** on day 1

**HYDRATION/SUPPORTIVE CARE (FOR COMMUNITY PHARMACY):**

- sulfamethoxazole/trimethoprim 400/80 mg PO** once daily for duration of treatment
- valacyclovir 500 mg PO** twice daily for duration of treatment
- 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: \_\_\_\_\_

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