

Doctor's Order Sheet

**osimertinib 80 mg -  
pemetrexed 500 -  
CARBOplatin AUC 5 Regimen (Part I)**

Name: \_\_\_\_\_  
HCN: \_\_\_\_\_  
Date of \_\_\_\_\_

**ARIA Protocol Name:** osimertinib 80 pemetrexed 500 CARBOplatin AUC 5

Adult Chemotherapy - Medical Oncology

Locally Advanced or Metastatic Non-Squamous, EGFR mutated Non-Small Cell Lung Cancer (NSCLC)



CC7720 0592 08 2025

<b>Allergies:</b>	<input type="checkbox"/> <b>No Known</b>
Date: <u>DD/MONTH/YYYY</u> Planned Administration Date: <u>DD/MONTH/YYYY</u> Cycle <u>   </u> of <u>   </u> <b>Cycle Duration: 21 days</b> Date of previous cycle: <u>DD/MONTH/YYYY</u>	
<b>MAY PROCEED WITH DOSES AS WRITTEN IF:</b>	
<ul style="list-style-type: none"> <li>• ANC <b>greater than or equal to</b> 1.5 X 10<sup>9</sup>/L and platelets <b>greater than or equal to</b> 100 X 10<sup>9</sup>/L, otherwise notify Medical Oncologist.</li> <li>• Creatinine Clearance assessed.</li> <li>• LFTs and Bilirubin assessed.</li> </ul>	
<b>PREMEDICATIONS (FOR COMMUNITY PHARMACY):</b>	
<input type="checkbox"/> <b>dexamethasone 4 mg PO</b> bid for 3 days starting the day before chemotherapy <input type="checkbox"/> Other: _____	
<b>PREMEDICATIONS (FOR HOSPITAL PHARMACY):</b>	
<input type="checkbox"/> <b>dexamethasone 4 mg PO</b> on day 1 (in addition to the dexamethasone above) <input type="checkbox"/> <b>ondansetron 8 mg PO</b> on day 1 <input type="checkbox"/> Other: _____	
<b>HYDRATION/SUPPORTIVE CARE (FOR COMMUNITY PHARMACY):</b>	
<input type="checkbox"/> <b>folic acid 0.4 mg PO</b> daily Starting at least 7 days prior to the first cycle, and to continue while on treatment, until 21 days after last pemetrexed dose <input type="checkbox"/> <b>cyanocobalamin 1000 mcg IM</b> 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 <input type="checkbox"/> 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.

Doctor's Order Sheet  
**osimertinib 80 mg -  
 pemetrexed 500 -  
 CARBOplatin AUC 5**  
 Regimen (Part II)

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

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

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

**ARIA Protocol Name:** osimertinib 80 pemetrexed 500 CARBOplatin AUC 5  
 Adult Chemotherapy - Medical Oncology

Locally Advanced or Metastatic Non-squamous, EGR mutated Non-Small Cell  
 Lung Cancer (NSCLC)



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

**CHEMOTHERAPY (FOR HOSPITAL PHARMACY):**

**pemetrexed 500 mg/m<sup>2</sup>** X BSA = \_\_\_\_\_ mg  
 Dose modification: **pemetrexed 500 mg/m<sup>2</sup>** X BSA - \_\_\_\_\_ % = \_\_\_\_\_ mg  
**IV** in 100 mL normal saline over 10 minutes on day 1

**CARBOplatin AUC 5** = \_\_\_\_\_ mg  
 Dose modification: **CARBOplatin AUC 5** - \_\_\_\_\_ % = \_\_\_\_\_ mg  
**IV** in 250 mL normal saline over 30 minutes on day 1

**CHEMOTHERAPY (FOR COMMUNITY PHARMACY):**

**osimertinib 80 mg PO** once daily for 30 days  
 Dose modification: **osimertinib 40 mg PO** once daily for 30 days

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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