

Doctor's Order Sheet

**nivolumab 360 mg -**

**pemetrexed 500 -**

**CARBOplatin AUC 5 Regimen (Part I)**

**ARIA Protocol Name:** nivolumab360 pemetrexed500 CarbAUC5 Compassionate

Adult Chemotherapy - Medical Oncology

Neoadjuvant Treatment for Resectable Non-Small Cell Lung Cancer (NSCLC)



CC5330 0343 06 2023

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

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

Date of \_\_\_\_\_

**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**  $1.5 \times 10^9/L$  and platelets **greater than or equal to**  $100 \times 10^9/L$ , otherwise notify Medical Oncologist.
- Creatinine Clearance assessed.
- LFTs and Bilirubin assessed.

**PREMEDICATIONS (FOR COMMUNITY PHARMACY):**

☐ **dexamethasone 4 mg PO** bid for 3 days starting the day before chemotherapy

☐ Other: \_\_\_\_\_

**PREMEDICATIONS (FOR HOSPITAL PHARMACY):**

☐ **dexamethasone 4 mg PO** on day 1 (in addition to the dexamethasone above)

☐ **ondansetron 8 mg PO** on day 1

☐ Other: \_\_\_\_\_

**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

☐ 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

**nivolumab 360 mg -  
pemetrexed 500 -  
CARBOplatin AUC 5**  
Regimen (Part II)

**ARIA Protocol Name:** nivolumab360 pemetrexed500 CarbAUC5 Compassionate  
Adult Chemotherapy - Medical Oncology  
Neoadjuvant Treatment for Resectable Non-Small Cell Lung Cancer (NSCLC)



CC5330 0343 06 2023

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

**CHEMOTHERAPY (FOR HOSPITAL PHARMACY):**

☐ **nivolumab 360 mg**

**IV** in 50 mL normal saline over 30 minutes on day 1

☐ **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

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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