PROTOCOL CODE: LUAVPCCEM

(Cycles 1 to 6)

DOCTOR'S ORDERS

Ht_____**cm** **Wt**_____**kg** **BSA**_____**m²**

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

DATE: **To be given:** **Cycle #:**

Date of Previous Cycle:

☐ Delay treatment _____ week(s)

☐ **CBC & Diff** day of treatment

May proceed with doses as written if within 96 hours **ANC greater than or equal to 1.0 x 10^9/L, platelets greater than or equal to 100 x 10^9/L, creatinine less than or equal to 1.5 times the upper limit of normal** *and* **less than or equal to 1.5 times the baseline, ALT less than or equal to 3 times the upper limit of normal, total bilirubin less than or equal to 1.5 times the upper limit of normal**

Dose modification for: ☐ **Hematology** ☐ **Other Toxicity:** _____

Proceed with treatment based on blood work from _____

PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.

☐ No prior infusion reaction to cemiplimab: administer premedications as sequenced below

45 Minutes prior to PACLitaxel:
dexamethasone 20 mg IV in 50 mL NS over 15 minutes

30 Minutes prior to PACLitaxel:
diphenhydrAMINE 50 mg IV in NS 50 mL over 15 minutes and **famotidine 20 mg** IV in NS 100 mL over 15 minutes (Y-site compatible)

AND select **ONE** of the following:	☐	**ondansetron 8 mg** PO 30 to 60 minutes prior to CARBOplatin
	☐	**aprepitant 125 mg** PO 30 to 60 minutes prior to CARBOplatin, and **ondansetron 8 mg** PO 30 to 60 minutes prior to CARBOplatin
	☐	**netupitant-palonosetron 300 mg-0.5 mg** PO 30 to 60 minutes prior to CARBOplatin

☐ Prior infusion reaction to cemiplimab: administer PACLitaxel premedications prior to cemiplimab

45 Minutes prior to cemiplimab:
dexamethasone 20 mg IV in 50 mL NS over 15 minutes

30 Minutes prior to cemiplimab:
diphenhydrAMINE 50 mg IV in NS 50 mL over 15 minutes and **famotidine 20 mg** IV in NS 100 mL over 15 minutes (Y-site compatible)

☐ **acetaminophen 325 to 975 mg** PO 30 minutes prior to cemiplimab

AND select **ONE** of the following:	☐	**ondansetron 8 mg** PO 30 to 60 minutes prior to CARBOplatin
	☐	**aprepitant 125 mg** PO 30 to 60 minutes prior to CARBOplatin, and **ondansetron 8 mg** PO 30 to 60 minutes prior to CARBOplatin
	☐	**netupitant-palonosetron 300 mg-0.5 mg** PO 30 to 60 minutes prior to CARBOplatin

If additional antiemetic required:

☐ **OLANZapine** ☐ **2.5 mg** or ☐ **5 mg** or ☐ **10 mg** (select one) PO 30 to 60 minutes prior to CARBOplatin

☐ **Other:**

Continued on page 2

DOCTOR'S SIGNATURE: **SIGNATURE:**
UC:

PROTOCOL CODE: LUAVPCCEM

(Cycles 1 to 6)

DATE:

****Have Hypersensitivity Reaction Tray & Protocol Available****

TREATMENT:

cemiplimab 350 mg

IV in 50 mL NS over 30 minutes using a 0.2 micron in-line filter*

PACLitaxel 200 mg/m^2 x BSA = _____ mg

☐ Dose Modification: _____% = _____ mg/m^2 x BSA = _____ mg

IV in 250 to 500 mL (use non-DEHP bag) NS over 3 hours (use non-DEHP tubing with 0.2 micron in-line filter*)

CARBOplatin AUC 5 x (GFR + 25) = _____ mg

☐ Dose Modification: _____% = _____ mg

IV in 100 to 250 mL NS over 30 minutes

* Use separate infusion line and filter for each drug

RETURN APPOINTMENT ORDERS

☐ Return in **three** weeks for Doctor and Cycle _____.

CBC & Diff, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, TSH prior to each treatment

If clinically indicated: ☐ **ECG** ☐ **Chest X-ray**

☐ **serum HCG or** ☐ **urine HCG** – required for woman of child bearing potential

☐ **Free T3 and free T4** ☐ **lipase** ☐ **morning serum cortisol**

☐ **serum ACTH levels** ☐ **testosterone** ☐ **estradiol** ☐ **FSH** ☐ **LH**

☐ **random glucose** ☐ **troponin** ☐ **creatine kinase**

☐ **Weekly nursing assessment**

☐ **Other consults**

☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: