BC CANCER
Provincial Health Services Authority

Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BC Cancer treatment protocols located at www.bccancer.bc.ca/terms-of-use and according to acceptable standards of care.

PROTOCOL CODE: LUAVAMI
(Baseline Weight Less Than 80 kg)

DOCTOR'S ORDERS

Ht_____cm Wt_____kg BSA_____m^2

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

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

Proceed with treatment based on blood work from _____

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

Cycle 1, Day 1:

Ensure patient has taken dexamethasone 8 mg PO BID for 4 doses starting two days prior to Cycle 1 Day 1
dexamethasone 20 mg IV 60 to 120 minutes prior to amivantamab
dexamethasone 8 mg PO 60 minutes prior to amivantamab
acetaminophen 650 to 975 mg PO 30 to 60 minutes prior to amivantamab
diphenhydrAMINE 50 mg IV in 50 mL NS over 15 minutes and **famotidine 20 mg** IV in 100 mL NS over 15 minutes (Y-site compatible) 30 minutes prior to amivantamab

Cycle 1, Day 2:

dexamethasone 10 mg IV 45 to 60 minutes prior to amivantamab
acetaminophen 650 to 975 mg PO 30 to 60 minutes prior to amivantamab
diphenhydrAMINE 50 mg IV in 50 mL NS over 15 minutes and **famotidine 20 mg** IV in 100 mL NS over 15 minutes (Y-site compatible) 30 minutes prior to amivantamab

Cycle 1 Day 8 and onward:

☐ **dexamethasone 10 mg** IV 45 to 60 minutes prior to amivantamab if prior infusion-related reaction
acetaminophen 650 to 975 mg PO 30 to 60 minutes prior to amivantamab
diphenhydrAMINE 50 mg IV in 50 mL NS over 15 minutes and ☐ **famotidine 20 mg** IV in 100 mL NS over 15 minutes (Y-site compatible) 30 minutes prior to amivantamab

☐ **Other:**

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

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DATE:

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

TREATMENT:

Ensure appropriate prophylaxis measures are in place for prevention of skin and nail toxicities.

☐ **Cycle 1:**

Day 1

amivantamab 350 mg IV in 250 mL NS. Start at 50 mL/hour. If no reactions after 2 hours, increase rate to 75 mL/hour. (use 0.2 micron in-line filter). Vital signs at start of infusion and at increment change.

Day 2

amivantamab 700 mg

☐ Dose Modification: _____ mg
IV in 250 mL NS. Start at 50 mL/hour. If no reactions after 2 hours, increase rate to 75 mL/hour. (use 0.2 micron in-line filter). Vital signs at start of infusion and at increment change.

Day 8

amivantamab 1050 mg

☐ Dose Modification: _____ mg
IV in 250 mL NS. Infuse at 85 mL/hour. (use 0.2 micron in-line filter)

Day 15

amivantamab 1050 mg

☐ Dose Modification: _____ mg
IV in 250 mL NS. Infuse at 125 mL/hour. (use 0.2 micron in-line filter)

Day 22

amivantamab 1050 mg

☐ Dose Modification: _____ mg
IV in 250 mL NS. Infuse at 125 mL/hour. (use 0.2 micron in-line filter)

☐ **Cycle 2 and onward:**

amivantamab 1050 mg

☐ Dose Modification: _____ mg
IV in 250 mL NS. Infuse at 125 mL/hour on **Days 1 and 15** (use 0.2 micron in-line filter)

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PROTOCOL CODE: LUAVAMI
(Baseline Weight Less Than 80 kg)

DATE:	
RETURN APPOINTMENT ORDERS	
For Cycle 1, book treatment on Days 1, 2, 8, 15 and 22. ☐ Return in **four** weeks for Doctor and Cycle_____. Book treatment on Days 1 and 15. ☐ Last Cycle. Return in _____ week(s).	
CBC & Diff, creatinine, total bilirubin, ALT prior to each cycle If clinically indicated for Cycle 1 Days 8 and 15: ☐ **CBC & Diff, creatinine, total bilirubin, ALT** If clinically indicated: ☐ **alkaline phosphatase** ☐ **LDH** ☐ **GGT** ☐ **albumin** ☐ **sodium** ☐ **potassium** ☐ **magnesium** ☐ **random glucose** ☐ **Other tests:** ☐ **Consults:** ☐ **See general orders sheet for additional requests.**	
DOCTOR'S SIGNATURE:	**SIGNATURE:** **UC:**