

PROTOCOL CODE: LUAVAMLA
(Baseline Weight 80 kg or More)

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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 venous thromboembolism and skin and nail toxicities.

☐ **Cycle 1:**
lazertinib 240 mg PO once daily continuously

Dose Modification:

☐ **160 mg PO once daily continuously**
☐ **80 mg PO once daily continuously**

Dispense: 28 days

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 1050 mg
☐ Dose Modification: _____ mg

IV in 250 mL NS. Start at 35 mL/hour. If no reactions after 2 hours, increase rate to 50 mL/hour. (use 0.2 micron in-line filter). Vital signs at start of infusion and at increment change.

Day 8
amivantamab 1400 mg
☐ Dose Modification: _____ mg

IV in 250 mL NS. Infuse at 65 mL/hour. (use 0.2 micron in-line filter)

Day 15
amivantamab 1400 mg
☐ Dose Modification: _____ mg

IV in 250 mL NS. Infuse at 85 mL/hour. (use 0.2 micron in-line filter)

Day 22
amivantamab 1400 mg
☐ Dose Modification: _____ mg

IV in 250 mL NS. Infuse at 125 mL/hour. (use 0.2 micron in-line filter)

DOCTOR'S SIGNATURE:
SIGNATURE:
UC:

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DATE:	
TREATMENT: continued	
☐ Cycle 2 and onward: lazertinib 240 mg PO once daily continuously Dose Modification: ☐ 160 mg PO once daily continuously ☐ 80 mg PO once daily continuously Dispense: 28 days amivantamab 1400 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)	
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, alkaline phosphatase, albumin, sodium, potassium, calcium, magnesium prior to each cycle If clinically indicated for Cycle 1 Days 8 and 15: ☐ CBC & Diff, creatinine, total bilirubin, ALT If clinically indicated: ☐ LDH ☐ GGT ☐ random glucose ☐ ECG ☐ MUGA scan ☐ echocardiogram ☐ Other tests: ☐ Consults: ☐ See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: