PROTOCOL CODE: ULYMOGA

A BC Cancer "Compassionate Access Program" request form must be completed and approved prior to treatment

DOCTOR'S ORDERS

Wt_____kg

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 1 of treatment

Cycle 1, Days 1 and 15: May proceed with doses as written, if within 96 hours: **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, 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**.

Cycles 2 onward: May proceed with doses as written, if within 96 hours of Day 1: **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, 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**.

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 Days 1 and 8:

diphenhydrAMINE 50 mg PO 30 minutes prior to mogamulizumab

or ☐ **diphenhydrAMINE 50 mg** IV 30 minutes prior to mogamulizumab

acetaminophen 650 mg PO 30 minutes prior to mogamulizumab

hydrocortisone 100 mg IV 30 minutes prior to mogamulizumab

Subsequent doses, if prior infusion reaction:

☐ **diphenhydrAMINE 50 mg** PO 30 minutes prior to mogamulizumab

or ☐ **diphenhydrAMINE 50 mg** IV 30 minutes prior to mogamulizumab

☐ **acetaminophen 650 mg** PO 30 minutes prior to mogamulizumab

☐ **hydrocortisone 100 mg** IV 30 minutes prior to mogamulizumab

☐ **Other:**

**** Have Hypersensitivity Reaction Tray and Protocol Available****

TREATMENT:

CYCLE 1:

mogamulizumab 1 mg/kg x _____kg = _____ mg IV in 100 mL NS over 60 minutes using a 0.2 micron in-line filter on **Days 1, 8, 15 and 22**

Observe patient for 60 minutes after the first infusion and for 30 minutes after the second and third infusion. Observation period not required after 3 consecutive treatments with no reaction.

For cycles requiring observation period, vitals before start of infusion and as required.

CYCLES 2 onward:

mogamulizumab 1 mg/kg x _____kg = _____ mg IV in 100 mL NS over 60 minutes using a 0.2 micron in-line filter on **Days 1 and 15**

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

DATE:	
RETURN APPOINTMENT ORDERS	
☐ Return in **four** weeks for Doctor and Cycle _____. Book chemo on Days 1 and 15. ☐ Last Cycle. Return in _____ week(s).	
Prior to Day 1 of each cycle**: CBC & Diff, creatinine, ALT, total bilirubin** Cycle 1 Day 15: **CBC & Diff, creatinine, ALT, total bilirubin** If clinically indicated: ☐ **ECG** ☐ **chest x-ray** ☐ **sodium** ☐ **potassium** ☐ **alkaline phosphatase** ☐ **albumin** ☐ **calcium** ☐ **magnesium** ☐ **random glucose** ☐ **HBV viral load** every 3 months ☐ **weekly nursing assessment** ☐ Other tests: ☐ Consults: ☐ See general orders sheet for additional requests	
DOCTOR'S SIGNATURE	**SIGNATURE** **UC:**