

DOH CANCER MEDICINE ACCESS PROGRAM

**Prescription Rx Drug Request Form CMAP F2 - LUNG
(Filled-up by Physician for each Chemotherapy Cycle)**

NAME OF PATIENT: _____ CMAP ID (Year-Pt #): _____

NSCLC: _____ SCLC: _____

Date Needed : _____ Cycle Number: _____

(Indicate Regimen, Drugs/ No of vials/amps needed)

TREATMENT ARM	DRUG	CYCLE DAYS GIVEN	DRUG PREPARATION (encircle dose form)	NO OF VIALS/ AMPS	No Released by Navigator
1. Cis-Pem					
Cisplatin 75 mg/m2	Cisplatin	D1 every 21 days	50 mg vial		
Pemetrexed 500 mg/m2	Pemetrexed	D1 every 21 days	500 mg vial; 100 mg vial		
2. Carbo-Pem					
Carboplatin AUC 5	Carboplatin	D1 every 21 days	150 mg vial; 450 mg vial		
Pemetrexed 500 mg/m2	Pemetrexed	D1 every 21 days	500 mg vial; 100 mg vial		
3. Carbo-Gem					
Carboplatin AUC 5	Carboplatin	D1 every 21 days	150 mg vial; 450 mg vial		
Gemcitabine 1000 mg/m2	Gemcitabine	D1 every 21 days	1000 mg vial; 200 mg vial		
4. Carbo-Doce					
Carboplatin AUC 5	Carboplatin	D1 every 21 days	150 mg vial; 450 mg vial		
Docetaxel 75 mg/m2	Docetaxel	D1 every 21 days	80 mg vial; 20 mg vial		
5. Cis-Gem					
Cisplatin 75 mg/m2	Cisplatin	D1 every 21 days	50 mg vial		
Gemcitabine 1250 mg/m2	Gemcitabine	D1 every 21 days	1000 mg vial; 200 mg vial		
6. Cis-Etop					
Cisplatin 75 mg/m2	Cisplatin	D1 every 21 days	50 mg vial		
Etoposide 100 mg/m2	Etoposide	D1 every 21 days	100 mg vial		
Etoposide 80 mg/m2	Etoposide	D1, 2, 3 every 21 days	100 mg vial		
7. Carbo-Etop					
Carboplatin AUC 5	Carboplatin	D1 every 21 days	150 mg vial; 450 mg vial		
Etoposide 100 mg/m2	Etoposide	D1 every 21 days	100 mg vial		
Etoposide 80 mg/m2	Etoposide	D1, 2, 3 every 21 days	100 mg vial		
8. Carbo-Pacli (with RT)					
Carboplatin AU 2	Carboplatin	Weekly with RT	50 mg vial		
Carboplatin AUC 6	Carboplatin	D1 every 21 days	150 mg vial; 450 mg vial		
Paclitaxel 45 mg/m2	Paclitaxel	Weekly with RT	50 mg vial		
Paclitaxel 200 mg/m2	Paclitaxel	D1 every 21 days	100 mg vial		
9. Cis-Etop (with RT)					
Cisplatin 50 mg/m2	Cisplatin	D1, 8, 29, 36	50 mg vial		
Etoposide 50 mg/m2	Etoposide	D1-5 and D29-33	100 mg vial		
Metoclopramide			10 mg vial		
Ondansetron			8 mg vial		
Diphenhydramine			50 mg vial		
Dexamethasone			8 mg vial		
Ranitidine			50 mg vial		
G-CSF			300 mcg pfs		

Physician:

Lic No:

PTR No:

Released by : _____ Date: _____