

**DOH MEDICINE ACCESS PROGRAM**  
**Prescription Rx Drug Request Form CMAP F2-LYMPHOMA**  
**Filled-up by Physician for each Chemotherapy Cycle)**

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

NHL: \_\_\_\_\_ HL: \_\_\_\_\_ T-Cell L: \_\_\_\_\_

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
<b>1. CHOP</b>					
<b>Cyclophosphamide</b> 750mg/m <sup>2</sup> IV	Cyclophosphamide	D1 every 21 days	200 mg and 500 mg vials		
<b>Doxorubicin</b> 40mg/m <sup>2</sup> IV	Doxorubicin	D1 every 21 days	10 mg vial; 50 mg vial		
<b>Vincristine</b> 1.4mg/m <sup>2</sup> IV (max dose 2mg),	Vincristine		2 mg vial		
<b>Prednisone</b> 100mg orally daily.	Prednisone	D1-5 every 21 days	20 mg tab		
<b>2. CHOP-R</b>					
<b>Rituximab</b> 375mg/m <sup>2</sup> IV	Rituximab	D1 every 21 days	100 mg vial; 500 mg vial		
<b>Cyclophosphamide</b> 750mg/m <sup>2</sup> IV	Cyclophosphamide	D1 every 21 days	200 mg and 500 mg vials		
<b>Doxorubicin</b> 40mg/m <sup>2</sup> IV bolus	Doxorubicin	D1 every 21 days	10 and 50 mg vials		
<b>Vincristine</b> 1.4mg/m <sup>2</sup> IV bolus (max dose 2mg)		D1 every 21 days	2 mg vial		
<b>Prednisone</b> 100mg orally 5 days.		D1-5 every 21 days	20 mg tab		
<b>3. GEMOX</b>					
<b>Gemcitabine</b> 1000mg/m <sup>2</sup> IV	Gemcitabine	D1 every 15 or 21 days	1000 mg vial; 200 mg vial		
<b>Oxaliplatin</b> 100mg/m <sup>2</sup> IV	Oxaliplatin	D1 every 15 or 21 days	50 mg and 100 mg vial		
<b>± Rituximab</b> 375mg/m <sup>2</sup> IV	Rituximab	D1 every 15 or 21 days	100 mg vial; 500 mg vial		
<b>4. DHAP+/-R</b>					
<b>Doxorubicin</b> 25mg/m <sup>2</sup> IV push	Doxorubicin	D1 & D15 every 28 days	10 mg and 50 mg vials		
<b>Bleomycin</b> 10units/m <sup>2</sup> IV push	Bleomycin	D1 & D15 every 28 days	15 units vial		
<b>Vinblastine</b> 6mg/m <sup>2</sup> IV over 5–10 minutes +	Vinblastine	D1 & D15 every 28 days	10 mg vial		
<b>Dacarbazine</b> 375mg/m <sup>2</sup> IV over 60 minutes	Dacarbazine	D1 & D15 every 28 days	200 mg vial		
<b>+/-Rituximab</b> 375mg/m <sup>2</sup> IV	Rituximab	D1 every 28 days	100 mg and 500 mg vials		
Metoclopramide			10 mg vial		
Ondansetron			8 mg vial		
Diphenhydramine			50 mg vial		
G-CSF			300 mcg pfs		

Physician: \_\_\_\_\_

Lic No: \_\_\_\_\_

PTR No: \_\_\_\_\_

Released by : \_\_\_\_\_ Date: \_\_\_\_\_