



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](http://www.bccancer.bc.ca/terms-of-use) and according to acceptable standards of care.

**PROTOCOL CODE: LKMSDL**

Patient RevAid ID: \_\_\_\_\_

<b>DOCTOR'S ORDERS</b> DATE: _____		<b>Pharmacy Use for Lenalidomide dispensing:</b>  Part Fill # 1 RevAid confirmation number: _____  Lenalidomide lot number: _____  Pharmacist counsel (initial): _____  Part Fill # 2 RevAid confirmation number: _____  Lenalidomide lot number: _____  Pharmacist counsel (initial): _____  Part Fill # 3 RevAid confirmation number: _____  Lenalidomide lot number: _____  Pharmacist counsel (initial): _____
<b>REMINDER:</b> Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form		
Risk Category: <input type="checkbox"/> Female of Childbearing Potential (FCBP) Rx valid 7 days Risk Category: <input type="checkbox"/> Male or Female of non Childbearing Potential (NCBP)		
START DATE OF THIS CYCLE _____ Cycle # _____ START DATE OF SUBSEQUENT CYCLES _____ Cycle # _____ & _____		
<input type="checkbox"/> Delay treatment _____ week(s)  May proceed with doses as written if within 7 days  <b>ANC greater than or equal to 1 x 10<sup>9</sup>/L, Platelets greater than or equal to 50 x 10<sup>9</sup>/L and eGFR as per protocol</b>  Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Renal Function <input type="checkbox"/> Other Toxicity		
<b>OR</b> Proceed with treatment based on blood work from _____		
<b>LENALIDOMIDE</b>		
<b>One cycle = 28 days</b>		
<input type="checkbox"/> lenalidomide* 10 mg po daily, in the evening, on days 1 to 21 and off for 7 days <input type="checkbox"/> lenalidomide* 5 mg po daily, in the evening, on days 1 to 21 and off for 7 days		
<b>MITTE: (*available as 25 mg, 15 mg, 10 mg, 5 mg capsules)</b>  <input type="checkbox"/> FCBP dispense 21 capsules (1 cycle)  <input type="checkbox"/> For Male and Female NCBP:  Dispense _____ capsules. Maximum 63 capsules (3 cycles). Pharmacy to dispense one cycle at a time		
<b>Special Instructions</b>		
<b>DOCTOR'S SIGNATURE:</b>	<b>SIGNATURE:</b>	
<b>Physician RevAid ID:</b>	<b>UC:</b>	



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**PROTOCOL CODE: LKMDSL**

**RETURN APPOINTMENT ORDERS**

- Return in \_\_\_\_\_ weeks for Doctor and Cycle \_\_\_\_\_
- Last cycle. Return in \_\_\_\_\_ week(s)

**Laboratory:**

**Cycle 1:**

CBC & Diff, Platelets, Creatinine, weekly for the 1<sup>st</sup> month of therapy

Blood work done prior to next cycle must be done less than or equal to 7 days prior to the start date

**Cycles 2 and subsequent cycles:**

CBC & Diff, Platelets, Creatinine, Bilirubin, ALT, Alkaline Phosphatase

every 4 weeks, less than or equal to 7 days prior to the next cycle

T3, T4, TSH Every three months

Pregnancy blood test for FCBP\*: serum pregnancy test:

- 7-14 days and 24 hours before first dose then
- weekly for 1 month then
- monthly during treatment and 4 weeks after discontinuing lenalidomide
- Consults:
- See general orders sheet for additional requests.

\*FCBP = Females of child bearing potential.

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**