PROTOCOL CODE: LKMDSL

Patient RevAid ID:_____

DOCTOR'S ORDERS

DATE: _____

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

Risk Category: ☐ **Female of Childbearing Potential (FCBP) Rx valid 7 days**
Risk Category: ☐ **Male or Female of non Childbearing Potential (NCBP)**

START DATE OF THIS CYCLE _____ **Cycle #** _____
START DATE OF SUBSEQUENT CYCLES_____ **Cycle #** ____**&**____

☐ Delay treatment _____ week(s)

May proceed with doses as written if within **7 days**

ANC greater than or equal to 1 x 10^9/L, Platelets greater than or equal to 50 x 10^9/L and eGFR as per protocol

Dose modification for: ☐ **Hematology** ☐ **Renal Function** ☐ **Other Toxicity**

OR Proceed with treatment based on blood work from_____

LENALIDOMIDE

One cycle = 28 days

☐ lenalidomide* 10 mg po daily, in the evening, on days 1 to 21 and off for 7 days

☐ lenalidomide* 5 mg po daily, in the evening, on days 1 to 21 and off for 7 days

MITTE: (*available as 25 mg, 15 mg, 10 mg, 5 mg capsules)

☐ FCBP dispense 21 capsules (1 cycle)

☐ For Male and Female NCBP:

Dispense_____ capsules. Maximum 63 capsules (3 cycles). Pharmacy to dispense one cycle at a time

Pharmacy Use for Lenalidomide dispensing:

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):

_____

Special Instructions

DOCTOR'S SIGNATURE:

Physician RevAid ID:

SIGNATURE:

UC:

RETURN APPOINTMENT ORDERS

☐ Return in _____ weeks for Doctor and Cycle _____ ☐ Last cycle. Return in _____week(s)	
Laboratory: **Cycle 1:** CBC & Diff, creatinine, weekly for the 1st 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, creatinine, total 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 ☐ HBV viral load ☐ Consults: ☐ See general orders sheet for additional requests. *FCBP = Females of child bearing potential.	
DOCTOR'S SIGNATURE:	**SIGNATURE:** **UC:**