



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

**PROTOCOL CODE: LKPCVRUX**

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<b>DOCTOR'S ORDERS</b>		Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER:</b> Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form				
<b>DATE:</b>		<b>To be given:</b>		<b>Cycle #:</b>
Date of Previous Cycle: _____				
<input type="checkbox"/> Delay treatment _____ week(s)				
<input type="checkbox"/> <b>CBC &amp; Diff, Platelets</b>				
May proceed with doses as written if within 7 days of ruxolitinib initiation and of dispensing the next cycle for first 6 months of therapy; thereafter, within 14 days of dispensing the next cycle.				
▪ <b>ANC greater than or equal to <math>1.0 \times 10^9</math> /L, Platelets as per protocol</b>				
Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity</b> _____				
<b>CHEMOTHERAPY:</b>				
ruxolitinib <input type="checkbox"/> 5 mg, <input type="checkbox"/> 10 mg, <input type="checkbox"/> 15 mg, <input type="checkbox"/> 20 mg or <input type="checkbox"/> 25 mg (select one) PO twice daily.				
▪ <b>Mitte:</b> _____ months (1-month supply for first 6 months of therapy; may dispense 3-month supply after 6 months)				
Refill x _____				
<b>RETURN APPOINTMENT ORDERS</b>				
<input type="checkbox"/> Return in _____ weeks for Doctor.				
<b>During dosage titration: (first six months of treatment)</b>				
<input type="checkbox"/> <b>CBC &amp; Diff</b> every _____ week(s)				
<b>During maintenance:</b>				
<input type="checkbox"/> <b>CBC &amp; Diff</b> every _____ month(s)				
<b>If clinically indicated:</b>				
<input type="checkbox"/> <b>creatinine</b>				
<input type="checkbox"/> <b>ALT</b>				
<input type="checkbox"/> <b>total bilirubin</b>				
<input type="checkbox"/> <b>HBV viral load</b>				
<input type="checkbox"/> <b>Other tests:</b>				
<input type="checkbox"/> <b>Consults:</b>				
<input type="checkbox"/> See general orders sheet for additional requests.				
<b>DOCTOR'S SIGNATURE:</b>				<b>SIGNATURE:</b>
				<b>UC:</b>