



Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BCCA treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care.

PROTOCOL CODE: ULKMDSL Page 1 of 2

Patient RevAid ID: _____

A BCCA "Compassionate Access Program" request form must be completed and approved prior to treatment.

DOCTOR'S ORDERS DATE: _____	Pharmacy Use for Lenalidomide dispensing:
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form	Part Fill # 1
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)	RevAid confirmation number: _____
START DATE OF THIS CYCLE _____ Cycle # _____ START DATE OF SUBSEQUENT CYCLES _____ Cycle # _____ & _____	Lenalidomide lot number: _____
<input type="checkbox"/> Delay treatment _____ week(s)	Pharmacist counsel (initial): _____
May proceed with doses as written if within 7 days	
ANC greater than or equal to 1 x 10⁹/L, Platelets greater than or equal to 50 x 10⁹/L and eGFR as per protocol	Part Fill # 2
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Renal Function <input type="checkbox"/> Other Toxicity	RevAid confirmation number: _____
OR Proceed with treatment based on blood work from	Lenalidomide lot number: _____
LENALIDOMIDE	Pharmacist counsel (initial): _____
One cycle = 28 days	
<input type="checkbox"/> lenalidomide* 10 mg po daily, in the evening, on days 1 to 21 and off for 7 days	Part Fill # 3
<input type="checkbox"/> lenalidomide* 5 mg po daily, in the evening, on days 1 to 21 and off for 7 days	RevAid confirmation number: _____
MITTE: (*available as 25 mg, 15 mg, 10 mg, 5 mg capsules)	Lenalidomide lot number: _____
<input type="checkbox"/> FCBP dispense 21 capsules (1 cycle)	Pharmacist counsel (initial): _____
<input type="checkbox"/> For Male and Female NCBP:	
Dispense _____ capsules. Maximum 63 capsules (3 cycles). Pharmacy to dispense one cycle at a time	
Special Instructions	
DOCTOR'S SIGNATURE:	SIGNATURE:
Physician RevAid ID:	UC:



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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 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, 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: