### DOCTOR’S ORDERS

| 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) |

<table>
<thead>
<tr>
<th>START DATE OF THIS CYCLE</th>
<th>Cycle #</th>
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<tr>
<th>START DATE OF SUBSEQUENT CYCLES</th>
<th>Cycle #</th>
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- Delay treatment ______ week(s)

May proceed with doses as written if within 7 days

- ANC greater than or equal to $1 \times 10^9/L$, Platelets greater than or equal to $50 \times 10^9/L$ 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

### Special Instructions
### RETURN APPOINTMENT ORDERS

- Return in _______ weeks for Doctor and 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:**