



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 and according to acceptable standards of care

PROTOCOL CODE: ULKPCVRUX

(Page 1 of 1)

A BC Cancer "Compassionate Access Program" request form must be completed and approved prior to treatment

DOCTOR'S ORDERS		Ht _____ cm	Wt _____ kg	BSA _____ m ²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form				
DATE:	To be given:	Cycle #:		
Date of Previous Cycle:				
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff, Platelets 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. <input type="checkbox"/> ANC greater than or equal to 1.0 x 10⁹ /L, Platelets as per protocol Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____				
CHEMOTHERAPY:				
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.				
<input type="checkbox"/> Mitte: _____ months (1-month supply for first 6 months of therapy; may dispense 3-month supply after 6 months) Refill x _____				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in _____ weeks for Doctor.				
During dosage titration: (first six months of treatment)				
<input type="checkbox"/> CBC & Diff, Platelets, every __ week(s)				
During maintenance:				
<input type="checkbox"/> CBC & Diff, Platelets every __ month(s)				
<input type="checkbox"/> Serum Creatinine				
<input type="checkbox"/> ALT, Bilirubin				
<input type="checkbox"/> Other tests:				
<input type="checkbox"/> Consults:				
<input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:				SIGNATURE:
				UC: