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: LYIBRU

DOCTOR'S ORDERS

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

DATE:

☐ Delay treatment _____ week(s)

☐ **CBC & Diff** day of treatment

May proceed with doses as written if lab work is within 7 days of iBRUtinib initiation, then within 14 days of dispensing the next supply of iBRUtinib thereafter: **ANC greater than or equal to 1 x 10^9/L, Platelets greater than or equal to 50 x 10^9/L**

Dose modification for: ☐ **Hematology** ☐ **Other Toxicity:** _____

Proceed with treatment based on blood work from _____

CHEMOTHERAPY: Continuous treatment

iBRUtinib ☐ **420 mg** or ☐ **280 mg** or ☐ **140 mg** (*select one*) PO daily

Mitte: _____days (maximum 90 days)

RETURN APPOINTMENT ORDERS

☐ Return in _____ weeks (maximum 12 weeks) for Doctor

Baseline: **CBC & Diff, Platelets, Creatinine, Bilirubin, ALT, PTT, INR, HBsAg, HBcoreAb**

Prior to each doctor's visit: **CBC & Diff, Platelets, Bilirubin, ALT**

If clinically indicated: ☐ **PTT** ☐ **INR** ☐ **ECG** ☐ **Creatinine**

☐ **Other tests:**

☐ **Consults:**

☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: