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: 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 *(circle one)* PO daily continuously
  (round dose to the nearest 140 mg)

- Mitte: ___________ weeks (maximum 12 weeks)

**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:**