

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 <u>www.bccancer.bc.ca</u> and according to acceptable standards of care

## PROTOCOL CODE: LYIBRU

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DOCTOR'S ORDERS	
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form	
DATE:	
<ul> <li>Delay treatment week(s)</li> <li>CBC &amp; Diff day of treatment</li> <li>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 1.0 x 10<sup>9</sup>/L, Platelets greater than or equal to 50 x 10<sup>9</sup>/L</li> </ul>	
Dose modification for:       Image: 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	
Prior to each doctor's visit: CBC & Diff, total bilirubin, ALT	
If clinically indicated:	
PTT INR Creatinine HBV viral load	
🗌 Echocardiogram 🔲 MUGA Scan 🔲 ECG	
Other tests:	
Consults:	
☐ See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: