

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: LYMIBRU

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| 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 1.0 x 10°/L, Platelets greater than or equal to 50 x 10°/L Dose modification for: □ Hematology □ Other Toxicity: | |
| Proceed with treatment based on blood work from | |
| CHEMOTHERAPY: Continuous treatment iBRUtinib ☐ 560 mg or ☐ 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: |