Patient RevAid ID:_____

DOCTOR'S ORDERS

Ht _____cm Wt _____kg BSA_____m²

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

DATE: **To be given:** **Cycle #:**

Date of Previous Cycle:_____
Risk Category: ☐ **Female of Childbearing Potential (FCBP)** Rx valid for 7 days
Risk Category: ☐ **Male or Female of non-Childbearing Potential (NCBP)**

☐ Delay treatment _____ week(s)

- ☐ **CBC and Diff, Platelets, Creatinine, ALT, Bilirubin** on day of treatment
- ☐ **CBC on day of treatment**

- May proceed with lenalidomide dose day 1 as written, if within 96 hours **ANC greater than or equal to 1.0 x 10^9/L, platelets greater than or equal to 50 x 10^9/L and eGFR as per protocol**
- May proceed with bortezomib dose day 1 as written, if within 96 hours **ANC greater than or equal to 0.5 x 10^9/L, platelets greater than or equal to 50 x 10^9/L, bilirubin less than or equal to 1.5 x upper limit of normal**
- If CBC prior to day 1 show ANC less than 1.5 x 10^9/L or platelets less than 75 x 10^9/L then:
  - May proceed with bortezomib Day 8 and 15 as written, if within 96 hours **ANC greater than or equal to 0.5 x 10^9/L, platelets greater than or equal to 50 x 10^9/L**

Dose modification for: ☐ **Hematology** ☐ **Renal Function** ☐ **Other Toxicity**

Proceed with treatment based on blood work from_____

LENALIDOMIDE
One cycle = 28 days
☐ lenalidomide* _____mg PO daily, in the evening, on days 1 to 21 and off for 7 days
☐ lenalidomide* _____ mg PO _____**(*available as 25 mg, 20 mg, 15 mg, 10 mg, 5 mg, 2.5 mg capsules)**
***Note: Use one capsule strength for the total dose; there are cost implications as costing is per capsule and not weight based**
☐ FCBP dispense 21 capsules (1 cycle)
☐ For Male and Female NCBP:
MITTE:_____ capsules or _____ cycles . Maximum 63 capsules (3 cycles). Pharmacy to dispense one cycle at a time, maximum 3 cycles if needed

STEROID*: CHOOSE ONE
One cycle = 28 days
☐ dexamethasone ☐ 40 mg or ☐ 20 mg PO once weekly, in the morning, x ☐ _____ doses **OR** ☐number of 28 day cycles_____(select one)
☐ dexamethasone _____mg PO once weekly in the morning, x ☐ _____ doses **OR** ☐ number of 28 day cycles_____ (select one)
☐ predniSONE _____mg PO once weekly in the morning, x _____doses **OR** ☐number of 28 day cycles_____ (select one)
☐ No Steroid
***Refer to Protocol for steroid dosing options**

Physician to ensure DVT prophylaxis in place: ☐ ASA, ☐ Warfarin, ☐ low molecular weight heparin, ☐ direct oral anticoagulant or ☐ none (select one)

Pharmacy Use for Lenalidomide dispensing:

Part Fill # 1
RevAid confirmation number: _____
Lenalidomide lot number: _____
Pharmacist counsel (initial): _____

Part Fill # 2
RevAid confirmation number: _____
Lenalidomide lot number: _____
Pharmacist counsel (initial): _____

Part Fill # 3
RevAid confirmation number: _____
Lenalidomide lot number: _____
Pharmacist counsel (initial): _____

Special Instructions

DOCTOR'S SIGNATURE:

Physician RevAid ID:

SIGNATURE:

UC:

DATE:

TREATMENT: If patient is VZV seropositive and/or at physician's clinical judgement, physician to ensure prophylaxis with valACYclovir 500 mg daily while on bortezomib and for 4 weeks after discontinuation

CYCLE # _____ (Cycles 1 to 8)

bortezomib ☐ **1.3 mg /m²** or ☐ **1 mg/m²** or ☐ **0.7 mg/m²** (select one) x BSA =_____ mg
SC injection on days 1, 8, and 15

RETURN APPOINTMENT ORDERS

For Cycles 1 to 8, book chemo on Days 1, 8 and 15

☐ Return in four weeks for Doctor and Cycle _____

☐ Last cycle. Return in _____week(s)

Laboratory: Blood work done prior to next cycle must be done less than or equal to 4 days prior to the start date

TSH every three months (i.e. prior to cycles 1, 4, 7, 10,13 etc)

☐ **CBC and Diff, Platelets, Creatinine, Calcium** every two weeks for Cycles 1 to 4

Cycles 1 to 8:

Day 1: **CBC and Diff, Platelets, Creatinine, Calcium, bilirubin, ALT, Serum Protein Electrophoresis and Serum Free Light Chain Levels**

CBC and Diff, Platelets on Day 8 and 15 for current cycle if ANC on Day 1 is less than 1.5 x 10^9/L or Platelets are less than 75 x 10^9/L

Cycle 9 and subsequent cycles:

Day 1**: CBC and Diff, Platelets, Creatinine, Calcium, bilirubin, ALT, Serum Protein Electrophoresis and Serum Free Light Chain Levels**

☐ Immunoglobulin panel (IgA, IgG, IgM) every 4 weeks
☐ **Urine protein electrophoresis** every 4 weeks

☐ **Quantitative beta-hCG blood test** for FCBP 7-14 days and 24 h prior to cycle 1 and every week for 4 weeks during cycle 1
☐ **Quantitative beta-hCG blood test** for FCBP**,** every 4 weeks, less than or equal to 7 days prior to the next cycle

Other tests:
☐ Skeletal survey X-rays (at least annually)
☐ **Consults:**
☐ **See general orders sheet for additional requests**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: