

**PROTOCOL CODE: MYLENMTN**

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**Patient RevAid ID:** \_\_\_\_\_

**DOCTOR'S ORDERS**

Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

**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 & Diff** day of treatment

Proceed with doses as written if within 7 days: **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 and eGFR or creatinine clearance as per protocol**

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

Proceed with treatment based on blood work from \_\_\_\_\_

**LENALIDOMIDE**

**One cycle = 28 days**

- Per physician's clinical judgement, physician to ensure prophylaxis with valACYclovir 500 mg PO daily

☐ **lenalidomide\*** \_\_\_\_\_ mg po daily, in the evening, on Days 1 to 28 continuously

☐ **lenalidomide\*** \_\_\_\_\_ mg po daily, in the evening, on Days 1 to 21 and off for 7 days

☐ **lenalidomide\*** \_\_\_\_\_ mg po \_\_\_\_\_

(\*available as 2.5 mg, 5 mg, 10 mg, 15 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 Maximum 1 cycle (28 capsules for 28/28 days, 21 capsules for 21/28 days).

☐ For Male and Female NCBP:

MITTE : \_\_\_\_\_ capsules or \_\_\_\_\_ cycles. Maximum 3 cycles (84 capsules for 28/28 days, 63 capsules for 21/28 days).

Pharmacy to dispense one cycle at a time, maximum 3 cycles if needed

**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:**

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<b>DATE:</b>	
<b>RETURN APPOINTMENT ORDERS</b>	
<input type="checkbox"/> Return in _____ weeks for Doctor and Cycle _____ <input type="checkbox"/> Last cycle. Return in _____ week(s)	
<p><b>CBC &amp; Diff, creatinine, urea, sodium, potassium, total bilirubin, ALT, alkaline phosphatase, calcium, albumin, LDH, random glucose, serum protein electrophoresis <u>and</u> serum free light chain levels</b> every 4 weeks</p> <p><b>TSH every three months</b> (i.e. prior to cycles 4, 7, 10, 13, 16 etc)</p> <p><input type="checkbox"/> <b>CBC &amp; Diff</b> Days 8, 15, 22</p> <p><input type="checkbox"/> <b>Creatinine, sodium, potassium</b> Days 8, 15, 22</p> <p><input type="checkbox"/> <b>Total bilirubin, ALT, alkaline phosphatase</b> Days 8, 15, 22</p> <p><input type="checkbox"/> <b>Random glucose</b> Days 8, 15, 22</p> <p><input type="checkbox"/> <b>Calcium, albumin</b> Days 8, 15, 22</p> <p><input type="checkbox"/> <b>Urine protein electrophoresis</b> every 4 weeks</p> <p><input type="checkbox"/> <b>Immunoglobulin panel (IgA, IgG, IgM)</b> every 4 weeks</p> <p><input type="checkbox"/> <b>Beta-2 microglobulin</b> every 4 weeks</p> <p><input type="checkbox"/> <b>Quantitative beta-hCG blood test for FCBP</b> 7-14 days and 24 h prior to cycle 1 and every week for 4 weeks during cycle 1</p> <p><input type="checkbox"/> <b>Quantitative beta-hCG blood test for FCBP</b>, every 4 weeks, less than or equal to 7 days prior to the next cycle</p> <p><input type="checkbox"/> <b>HBV viral load</b> prior to next cycle</p> <p><input type="checkbox"/> <b>Other tests</b></p> <p><input type="checkbox"/> <b>Consults:</b></p> <p><input type="checkbox"/> <b>See general orders sheet for additional requests</b></p>	
<b>DOCTOR'S SIGNATURE:</b>	<b>SIGNATURE:</b>  <b>UC:</b>