

PROTOCOL CODE: ULYFIBRU

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A BC Cancer "Compassionate Access Program" request form must be completed and approved prior to treatment.

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 10⁹/L, Platelets greater than or equal to 50 x 10⁹/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 (*select one*) PO daily

Mitte: _____ days (maximum 90 days)

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: