A BCCA “Compassionate Access Program” request form must be completed and approved prior to treatment.

**DOCTOR’S ORDERS**

<table>
<thead>
<tr>
<th>Ht cm</th>
<th>Wt kg</th>
<th>BSA m²</th>
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</table>

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

**DATE:**

**Date of Previous Cycle:**

- [ ] Delay treatment _____ week(s)
- [ ] CBC & Diff day of treatment

May proceed with doses as written if within 96 hours **ANC greater than or equal to 0.5 x 10⁹/L, platelets greater than or equal to 25, ALT/AST less than or equal to 5 x ULN, bilirubin less than or equal to 3 x ULN**

Dose modification for:  
- [ ] Hematology  
- [ ] Other Toxicity: _____________________________

Proceed with treatment based on blood work from _____________________________

**PREMEDICATIONS:** Patient to take own supply. RN/Pharmacist to confirm _____________________________.

**For intravenous ritUXimab infusion:**
- diphenhydrAMINE 50 mg PO prior to ritUXimab IV and then q 4 h if IV infusion exceeds 4 h
- acetaminophen 650 mg to 975 mg PO prior to ritUXimab IV and then q 4 h if IV infusion exceeds 4 h

**For subcutaneous ritUXimab injection:**
- diphenhydrAMINE 50 mg PO prior to ritUXimab SC
- acetaminophen 650 mg to 975 mg PO prior to ritUXimab SC

**TREATMENT:**

Physician to ensure antibiotic prophylaxis for PCP/PJP (e.g., cotrimoxazole 1 SS tab daily) is given throughout idelalisib treatment and for a period of 2 to 6 months after discontinuation.

Counsel patient to obtain supply of loperamide and take 2 mg PO at first onset of diarrhea and q2h while awake and q4h during the night until diarrhea free x 12 hours

**For Cycle 1 ONLY**

- idelalisib 150 mg or 100 mg (circle one) PO BID daily continuously
- Mitte: 28 days

**ritUXimab (first dose) 375 mg/m² x BSA = __________ mg**

IV in 250 to 500 mL NS on Day 1. Start at 50 mg/hour. After 1 hour, increase rate by 50 mg/hour every 30 minutes until rate = 400 mg/hour unless toxicity occurs.

For the first dose, patients are to be under constant visual observation during all dose increases and for 30 minutes after infusion completed. If flushing, dyspnea, rigger, rash, pruritus, vomiting, chest pain, any other new acute discomfort or exacerbation of any existing symptoms occur, stop infusion and page physician. Vital signs are not required, unless symptomatic.

**See page 2**

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**
** Have Hypersensitivity Reaction Tray and Protocol Available**

**TREATMENT** continued:

Cycle 2, 3, 4, 5, 6, 7 and 8

idelalisib 150 mg or 100 mg *(circle one)* PO BID daily continuously
Mitte: 28 days

**riTUXimab for Cycle 2 and subsequent treatments:**

- **Patient tolerated a full dose of IV riTUXimab (no severe reactions requiring early termination) and can proceed to subcutaneous riTUXimab:**
  - **riTUXimab (tolerated Cycle 1 IV riTUXimab as above) 1600 mg (fixed dose in 13.4 mL) subcutaneously** into abdomen over 7 minutes.
  - Observe for 15 minutes after administration.

- **NB: During treatment with subcutaneous riTUXimab, administer other subcutaneous drugs at alternative injection sites whenever possible.**

- **Patient did not tolerate a full dose of IV riTUXimab (experienced severe reactions requiring early termination) in the previous treatment and will continue with IV riTUXimab for this cycle:**
  - **riTUXimab 500 mg/m\(^2\) x BSA = ** mg
  - IV in 250 to 500 mL NS on Day 1 or 2 whenever possible, but not later than 72 hours after Day 1 of bendamustine.

  Infuse 50 mL (or 100 mL if 500 mL bag) of the dose over 30 minutes, then infuse the remaining 200 mL (or 400 mL of 500 mL bag) over 1 hour. (total infusion time = 1 hour 30 min)

  If flushing, dyspnea, rrigors, rash, pruritus, vomiting, chest pain, any other new acute discomfort or exacerbation of any existing symptoms occur, stop infusion and page physician. Constant visual observation is not required.

**Cycle 9 and beyond**

idelalisib 150 mg or 100 mg *(circle one)* PO BID daily continuously

Mitte: _________________ days (maximum 12 weeks)

See page 3
<table>
<thead>
<tr>
<th>RETURN APPOINTMENT ORDERS</th>
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</thead>
<tbody>
<tr>
<td>□ Cycle 1 to 8: Return in <strong>four</strong> weeks for Doctor and Cycle ______. Book chemo on Day 1</td>
</tr>
<tr>
<td>□ Cycle 9 and beyond: Return in ______ weeks (maximum 12 weeks) for Doctor</td>
</tr>
<tr>
<td>□ Last Cycle. Return in ______ week(s).</td>
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<tr>
<th>Laboratory:</th>
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<tr>
<td><strong>Cycles 1-3:</strong></td>
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<tr>
<td>CBC &amp; Diff, Platelets, bilirubin, ALT, CMV-DNA by PCR every two weeks</td>
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</tbody>
</table>

| **Cycles 4-6:** |
| CBC & Diff, Platelets, bilirubin, ALT, CMV-DNA by PCR monthly |

| **Cycle 7 and subsequent cycles:** |
| CBC & Diff, Platelets, bilirubin, ALT, CMV-DNA by PCR monthly **OR** |
| □ every 3 months, as clinically indicated |

| □ Other tests: | □ Consults: |
| See general orders sheet for additional requests. |

| **DOCTOR’S SIGNATURE:** |
| **SIGNATURE:** |
| **UC:** |