**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: UMYLDREL**

**Patient RevAid ID:**

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

<table>
<thead>
<tr>
<th>DOCTOR’S ORDERS</th>
<th>DATE: ______________________</th>
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<tbody>
<tr>
<td>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</td>
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<tr>
<td>Risk Category:</td>
<td>Female of Childbearing Potential (FCBP)</td>
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<tr>
<td>Risk Category:</td>
<td>Male or Female of nonChildbearing Potential (NCBP)</td>
</tr>
<tr>
<td>START DATE OF THIS CYCLE</td>
<td>Cycle #</td>
</tr>
<tr>
<td>START DATE OF SUBSEQUENT CYCLES</td>
<td>Cycle #</td>
</tr>
<tr>
<td>□ Delay treatment ______ week(s)</td>
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<tr>
<td>ANC greater than or equal to 1.0 x 10^9/L, Platelets greater than or equal to 30 x 10^9/L and eGFR as per protocol</td>
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<tr>
<td>RevAid confirmation number:</td>
<td></td>
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<tr>
<td>Lenalidomide lot number:</td>
<td></td>
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**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 252 capsules (12 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______
- □ dexamethasone ______mg PO
  in the morning, x ______ doses OR number of 28 day cycles______

- □ predniSONE ______mg PO
  in the morning, x _____ doses OR number of 28 day cycles______

□ No Steroid

*Refer to Protocol for steroid dosing options

**Special Instructions**

BC Cancer Provincial Preprinted Order UMYLDREL
Created: 5 Jan 2009 (as UMYLENDEX) Revised: 1 June 2020 (revised lenalidomide and steroid mitte)
<table>
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### Return Appointment Orders

- [ ] Return in ______ weeks for Doctor and Cycle ______
- [ ] Last cycle. Return in ______ week(s)

### Laboratory:

**Cycles 1-4:**
- CBC & Diff, Platelets, Creatinine, Calcium every two weeks
- **Serum Protein Electrophoresis and/or Serum Free Light Chain Levels** (CIRCLE APPROPRIATE) every 4 weeks

Blood work done prior to next cycle must be done less than or equal to 7 days prior to the start date

**Cycles 5 and subsequent cycles:**
- CBC & Diff, Platelets, Creatinine, Calcium every 4 weeks, less than or equal to 7 days prior to the next cycle
- **Serum Protein Electrophoresis and/or Serum Free Light Chain Levels** (CIRCLE APPROPRIATE) every 4 weeks

- TSH Every three months

- [ ] Pregnancy blood test for FCBP 7-14 days and 24 h prior to cycle 1 and every week for 4 weeks during cycle 1

- [ ] Pregnancy blood test for FCBP, every 4 weeks, less than or equal to 7 days prior to the next cycle

- [ ] Bilirubin, ALT

- [ ] Other tests

- [ ] Consults:

- [ ] See general orders sheet for additional requests

### Doctor's Signature:

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