

PROTOCOL CODE: ULKAMLAZIV

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

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: _____

- Delay treatment _____ week(s)
- CBC & Diff, creatinine, GGT, alkaline phosphatase, ALT, total bilirubin, LDH, albumin, sodium, potassium, chloride, serum bicarbonate, urea, INR and PTT, ECG** day of treatment

If patient is not in remission, may proceed regardless of counts. If patient is in remission, may proceed with doses as written if within 96 hours **ANC greater than or equal to 1.0 x 10⁹/L** and **platelets greater than or equal to 50 x 10⁹/L**

Dose modification for: **Hematology** **Drug Interaction** **Other** _____
 Proceed with treatment based on blood work from _____

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

prochlorperazine 10 mg PO 30 minutes prior to azaCITIDine

ondansetron 8 mg PO 30 minutes prior to azaCITIDine

Other:

TREATMENT:

azaCITIDine **75 mg/m²** OR _____ **mg/m²** x BSA = _____ mg
 subcutaneous daily for 7 days starting on Day 1 (date): _____.

Alternate regimen: treatment may be interrupted by weekends.

(May interrupt for more than 2 days but every effort should be made to avoid scheduling over long weekends)

Administer doses greater than 4 mL as two syringes at two separate sites.

ivosidenib 500 mg PO once daily on Days 1 to 28

Dose modification:

ivosidenib 250 mg PO once daily on Days 1 to 28

**Pharmacy to provide patient with ivosidenib patient alert card supplied in the product packaging at time of dispensing.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:

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DATE:	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in four weeks for Doctor and Cycle _____. Book chemo x 7 days. <input type="checkbox"/> Last Cycle. Return in _____ week (s).	
<p>Cycle 1, prior to Days 8, 15 and 22: CBC & Diff, creatinine, sodium, potassium, chloride, serum bicarbonate, calcium, magnesium, phosphate, uric acid, total bilirubin, ALT, alkaline phosphatase, creatine kinase, GGT, LDH, INR, PTT, ECG</p> <p><input type="checkbox"/> Cycle 1, Days 3 and 5: CBC & Diff</p> <p>Cycle 2 onwards: Prior to each cycle: ECG Days 1 and 15 of each cycle: CBC & Diff, creatinine, sodium, potassium, chloride, serum bicarbonate, calcium, magnesium, phosphate, uric acid, total bilirubin, ALT, alkaline phosphatase, GGT, LDH, INR, PTT</p> <p><input type="checkbox"/> Days 8 and 22: CBC & Diff, creatinine, sodium, potassium, chloride, serum bicarbonate, calcium, magnesium, phosphate, uric acid, total bilirubin, ALT, alkaline phosphatase, GGT, LDH, INR, PTT</p> <p>If clinically indicated: <input type="checkbox"/> HBV viral load</p> <p><input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.</p>	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: