



Provincial Health Services Authority

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](http://www.bccancer.bc.ca) and according to acceptable standards of care

# PROTOCOL CODE: **LYLENR**

## (Cycles 2 to 5) (Page 1 of 3)

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)**

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 96 hours **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 dysfunction**  **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 subcutaneous**

**acetaminophen 650 mg to 975 mg PO** prior to **riTUXimab subcutaneous**

**Other:** \_\_\_\_\_

### 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 20 mg, 15 mg, 10 mg, 5 mg and 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 63 capsules (3 cycles).

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

Physician to ensure DVT prophylaxis in place:  **ASA** or  **Warfarin** or  **low molecular weight heparin** or  **direct oral anticoagulant** or  **none** (select one)

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

**Special instructions:** \_\_\_\_\_

#### 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): \_\_\_\_\_

### DOCTOR'S SIGNATURE:

Physician Revaid ID: \_\_\_\_\_

### SIGNATURE:

UC: \_\_\_\_\_



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**(Cycles 2 to 5)** (Page 2 of 3)

DATE:

**\*\*Have Hypersensitivity Reaction Tray and Protocol Available\*\***

**TREATMENT:**

**FOR ALL SUBSEQUENT TREATMENT CYCLES 2 TO 5:**

Patient tolerated a full dose of IV riTUXimab (no severe reactions requiring early termination) and can proceed to subcutaneous riTUXimab:

**riTUXimab subcut (RITUXAN SC) 1400 mg (fixed dose in 11.7 mL) subcutaneously** into abdomen over 5 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 375 mg/m<sup>2</sup> x BSA = \_\_\_\_\_ mg**

IV in 250 to 500 mL NS.

Infuse 50 mL (or 100 mL of 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.

If flushing, dyspnea, rigors, rash, pruritus, vomiting, chest pain, any other new acute discomfort or exacerbation of any existing symptoms occur, stop infusion and page physician.

For all subsequent doses, constant visual observation is not required.

Pharmacist to select riTUXimab IV brand as per Provincial Systemic Therapy Policy III-190

Drug	Brand (Pharmacist to complete. Please print.)	Pharmacist Initial and Date
riTUXimab		

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**



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<b>DATE:</b>	
<b>RETURN APPOINTMENT ORDERS</b>	
<input type="checkbox"/> Return in <b>four</b> weeks for Doctor and Cycle _____. Book treatment on Day 1 only. <input type="checkbox"/> Return in <b>four</b> weeks for Doctor and Cycle 6. Treatment is PO only Cycles 6 plus.	
<b>CBC &amp; Diff, creatinine, ALT, total bilirubin, LDH</b> prior to Day 1 of each cycle  <b>TSH every three months</b> (i.e. prior to cycles 4, 7, 10, etc)  If clinically indicated:  <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  <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  <input type="checkbox"/> <b>HBV viral load</b> every 3 months  <input type="checkbox"/> <b>CBC &amp; Diff weekly</b>  <input type="checkbox"/> <b>Other tests:</b>  <input type="checkbox"/> <b>Consults:</b>  <input type="checkbox"/> <b>See general orders sheet for additional requests</b>	
<b>DOCTOR'S SIGNATURE:</b>	<b>SIGNATURE:</b>
	<b>UC:</b>