Hospital Information (including name, address, telephone number)

Clinic information (including clinic name and telephone number)

Patient information (including name, address, date of birth, phone number)

Allergies (*also specify reaction*) ☐ None known

Patient Name _____

AFAT (afatinib)

Diagnosis: Non-small Cell Lung Cancer

Clinical Verification

□ Bloodwork and other clinical parameters have been verified by a regulated health professional

_____ Date _____ Print name _____ Signature

□ Prescription has been verified by an nurse or pharmacist

_____ Date _____ Print name _____ Signature

Rx (Start date: _____)

□ afatinib 40 mg PO daily on an empty stomach (Standard dose) *or*

□ afatinib 30 mg* PO daily on an empty stomach *or*

□ afatinib 20 mg* PO daily on an empty stomach

Mitte : _____ x 40 mg tablets or _____ x 30 mg tablets or _____ x 20 mg tablets

□ EAP approved (if applicable)

**Dose modification for: □ Age/performance status □ Renal function □ Hepatic Impairment □ Diarrhea □ Dermatological events □ Other: _____*

NO Repeats

Supportive Care Rx

□ loperamide 4 mg at the first sign of diarrhea, then 2 mg after every loose bowel movement PRN
Mitte: _____ Repeat:____ LU 113

□ minocycline 100 mg BID for rash Mitte: _____ Repeat: ____

□ hydrocortisone 1% cream apply to affected area BID PRN for rash Mitte: _____ Repeat: ____

_____ Date _____ Print name _____ Physician Signature _____ CPSO#

Prescriber information (name, office phone number/fax, address if different than hospital address)
Pharmacist information (name, office phone number/fax)

Developed by the Drug Formulary Team at Cancer Care Ontario.
Format and content have been adapted with permission
from Mount Sinai Hospital
AFAT - Version 1.0

Ontario
Cancer Care Ontario
Action Cancer Ontario

OPTIONAL INFORMATION

□ Patient has been counseled by an Oncology Pharmacist

_____	_____	_____
Print name	Signature	Date

OR

□ Requires counseling
□ Drug interaction assessment

Drug-specific information

For the complete information, please refer to the Cancer Care Ontario drug information sheets available at www.cancercare.on.ca/drugformulary

Developed by the Drug Formulary Team at Cancer Care Ontario.
Format and content have been adapted with permission
from Mount Sinai Hospital
AFAT - Version 1.0

Ontario
Cancer Care Ontario
Action Cancer Ontario