CAPE (capecitabine)

Diagnosis: Breast Cancer

Clinical Verification
- Bloodwork and other clinical parameters have been verified by a regulated health professional
- Prescription has been verified by a nurse or pharmacist

Rx (Start Date/Day 1: ____________)
- capecitabine 1000 mg/m² x BSA x _____%* = _________mg PO BID with meals on Days 1 to 14 or
- capecitabine 1250 mg/m² x BSA x _____%* = _________mg PO BID with meals on Days 1 to 14
  - Mitte: _____ x 500 mg tablets and _____ x 150 mg tablets (_____ days supply)
- LU Code _______ (see back page for details)

* Dose modification for: □ Age/performance status □ Hepatic function □ Renal function □ Other: _____

Supportive Care Rx
- prochlorperazine 10 mg PO q6h PRN nausea
  - Mitte: _____ Repeat: _____
- loperamide 4 mg at the first sign of diarrhea, then 2 mg after every loose bowel movement PRN
  - Mitte: _____ Repeat: _____ LU Code 113

Allergies (also specify reaction) □ None known

Supportive Care Rx
- prochlorperazine 10 mg PO q6h PRN nausea
  - Mitte: _____ Repeat: _____
- loperamide 4 mg at the first sign of diarrhea, then 2 mg after every loose bowel movement PRN
  - Mitte: _____ Repeat: _____ LU Code 113
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

LU CODE

☐ LU 360 For the treatment of metastatic breast cancer where patients have progressed after prior chemotherapy