CAPE (capecitabine)

Diagnosis: Colorectal 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 a nurse or pharmacist

Date ________ Print name ___________________ Signature ____________

Rx (Start Date/Day 1: ____________)

capecitabine 1250 mg/m^2 x BSA x _____ % dose* = ________ 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: __________

NO Repeats

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

Patient Name ____________________________________

Date ________ Print name ___________________ Signature ____________

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

Pharmacist information (name, office phone number/fax)

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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

Limited Use Codes:

☐ LU 346: For the first-line treatment of patients with metastatic colorectal cancer in whom combination chemotherapy is not recommended.

☐ LU 406: For adjuvant treatment of stage 3 or high risk stage 2* colon cancer in patients who have completed surgery (within three months), who would normally be candidates for adjuvant chemotherapy with 5FU/LV