CAPE (capecitabine) | Cycle #: _____; Cycles repeat every 21 days

Diagnosis: Head and Neck Cancer | Height = ________ cm Weight = ________ kg

Body Surface Area (BSA) = ________ m²

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/Day 1: __________)

- capecitabine 1000 mg/m² x BSA x ____% dose* = ________ mg PO BID with meals on Days 1 to 14 or
- capecitabine 1250 mg/m² 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)

No LU Code for this indication

*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

---

Date __________ Print name __________ Signature __________ CPSO# __________

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