**CAPE + TRAS (capecitabine-trastuzumab)**

*drug in italics is an IV drug given in hospital or cancer centre*

**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

**Height = ________ cm**
**Weight = _________ kg**
**Body Surface Area (BSA) = _________ m²**

**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: _______________________

**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

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**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)
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 Code

□ LU 360: for the treatment of metastatic breast cancer where patients have progressed after prior chemotherapy