

Hospital information (including name, address, telephone number)

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

Clinic information (including clinic name and telephone number)

Allergies (*also specify reaction*)

None known

Patient Name _____

**FC(PO) +/- R (fludarabine-cyclophosphamide +/-
riTUXimab)**

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

Cycle #: _____; Cycles repeat every 28 days

Height = _____ cm Weight = _____ kg

Body Surface Area (BSA) = _____ m²

Diagnosis: Chronic Lymphocytic Leukemia (CLL)

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: _____)

fludarabine 24 mg/m² x BSA x _____% dose* = _____ mg PO daily on Days 1 to 5

Mitte: _____ x 10 mg tablets LU Code _____ (see back page for details) **NO Repeats**

cyclophosphamide 150 mg/m² x BSA x _____% dose* = _____ mg PO daily on Days 1 to 5

Mitte: _____ x 25 mg tablets and/or _____ x 50 mg tablets (ODB general benefit) **NO Repeats**

**Dose modification for:* Age/performance Hematologic toxicity Hepatic function Renal function Other _____

Supportive Care Rx

5-HT₃ receptor antagonist (centre choice) pre-chemotherapy on Day 1

Mitte: _____ Repeat: _____ LU Code _____

dexamethasone 8 mg PO pre-chemotherapy on Day 1 Mitte: _____ Repeat: _____

prochlorperazine 10 mg PO q6h PRN nausea Mitte: _____ Repeat: _____

Prophylaxis for tumour lysis syndrome, if applicable (specify drug, dose, frequency):

Mitte: _____ Repeat: _____

G-CSF support (if applicable): _____ Mitte: _____ Repeat: _____

PJP prophylaxis (if applicable): _____ Mitte: _____ Repeat: _____

Shingles prophylaxis (if applicable): _____ 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)

OPTIONAL INFORMATION

- Patient has been counseled by an Oncology Pharmacist

OR

_____	_____	_____
Print name	Signature	Date

- 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 424 : For the first-line treatment of chronic lymphocytic leukemia (CLL) in combination with rituximab (with or without cyclophosphamide)