IMAT (imatinib)

Diagnosis: Acute Lymphoblastic Leukemia (ALL)

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: __________)
- imatinib 600 mg PO daily (standard dose) or
- imatinib _____ mg PO daily*
  Mitte: _____ x 100 mg tablets and/or_____ x 400 mg tablets
- EAP approved (if applicable)

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

NO Repeats

[Signatures and dates for bloodwork, prescription verification, and medication start date]

[Blank space for prescriber information, pharmacist information, and hospital information]

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Developed by the Drug Formulary Team at Cancer Care Ontario.
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IMAT(ALL) - Version 1.0
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