

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 _____

PCV (procarbazine-lomustine-*vinCRiStine*)

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

Cycle #: _____; Cycles repeat every 42 days

Height = _____ cm Weight = _____ kg

Diagnosis: Central Nervous System (CNS) cancer

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: _____)

procarbazine 60 mg/m² x BSA x _____% dose* = _____ mg PO daily on Days 8 to 21

Mitte: _____ x 50mg capsules Dietary restrictions were explained

AND

lomustine 100-110 mg/m² x BSA x _____% dose* = _____ mg PO for one dose ONLY on Day 1

Mitte: _____ x 100mg capsules and/or _____ x 40mg capsules and/or _____ x 10mg capsules

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

NO Repeats

Supportive Care Rx

5-HT₃ receptor antagonist (centre choice) on Day(s): _____ Mitte: _____ Repeat: _____ LU Code _____

dexamethasone _____ mg PO, day (s) _____ Mitte: _____ Repeat: _____

prochlorperazine 10 mg PO q6h PRN nausea, 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