**Diagnosis:** Colorectal 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

### Rx (Start Date/Day 1: __________)

Capecitabine 1000 mg/m² × BSA × ____% dose* = _______ mg PO BID with meals 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: __________

### Supportive Care Rx
- 5-HT₃ receptor antagonist (specify drug, dose):______________________ pre-IV chemo on day 1
  Mitte: _______ Repeat:______ □ LU Code __________
- dexamethasone 8mg PO pre-IV chemo on day 1, Mitte: _______ Repeat: _____
- 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

---

**Allergies (also specify reaction)** □ None known

**Height = ________ cm Weight = _________ kg**

Body Surface Area (BSA) = _________ m²
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 Codes:

☐ LU 409: as part of the CAPOX(XELOX) regimen for the 1st-line and 2nd-line treatment of metastatic colorectal cancer