



Provincial Health Services Authority

Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BC Cancer treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care

PROTOCOL CODE: LKMFRUX

Page 1 of 1

DOCTOR'S ORDERS			Ht _____ cm	Wt _____ kg	BSA _____ m ²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form					
DATE:	To be given:	Cycle #:			
Date of Previous Cycle:					
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff, Platelets May proceed with doses as written if within 7 days of ruxolitinib initiation and of dispensing the next cycle for first 6 months of therapy; thereafter, within 14 days of dispensing the next cycle.					
<ul style="list-style-type: none"> ▪ ANC greater than or equal to 1×10^9 /L, Platelets as per protocol 					
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____					
TREATMENT:					
ruxolitinib <input type="checkbox"/> 5 mg, <input type="checkbox"/> 10 mg, <input type="checkbox"/> 15 mg, <input type="checkbox"/> 20 mg or <input type="checkbox"/> 25 mg (select one) PO twice daily.					
<ul style="list-style-type: none"> ▪ Mitte: _____ months (1-month supply for first 6 months of therapy; may dispense 3-month supply after 6 months) 					
Refill x _____					
RETURN APPOINTMENT ORDERS					
<input type="checkbox"/> Return in _____ weeks for Doctor.					
During dosage titration: (first six months of treatment)					
<input type="checkbox"/> CBC & Diff, Platelets every _____ week(s)					
During maintenance:					
<input type="checkbox"/> CBC & Diff, Platelets every _____ month(s)					
<input type="checkbox"/> Serum Creatinine					
<input type="checkbox"/> ALT, Bilirubin					
<input type="checkbox"/> Other tests:					
<input type="checkbox"/> Consults:					
<input type="checkbox"/> See general orders sheet for additional requests.					
DOCTOR'S SIGNATURE:					SIGNATURE:
					UC: