

PROTOCOL CODE: LYCLLZANU

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DOCTOR'S ORDERS

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

DATE:

- Delay treatment _____ week(s)
 CBC & Diff, platelets day of treatment

May proceed with doses as written if lab work is within 7 days of zanubrutinib initiation, then within 14 days of dispensing the next supply of zanubrutinib thereafter: **ANC greater than or equal to $1.5 \times 10^9/L$, platelets greater than or equal to $75 \times 10^9/L$**

Dose modification for: **Hematology** **Other Toxicity:** _____
Proceed with treatment based on blood work from _____

CHEMOTHERAPY: Continuous treatment

zanubrutinib **160 mg** PO twice daily or **320 mg** PO daily (select one)

Dose modification if required:

- zanubrutinib **80 mg** PO twice daily or **160 mg** PO daily or (select one)
zanubrutinib **80 mg** PO daily

Mitte: _____ days (maximum 90 days)

RETURN APPOINTMENT ORDERS

Return in _____ weeks (maximum 12 weeks) for Doctor

Prior to each doctor's visit: **CBC & Diff, platelets, total bilirubin, ALT**

If clinically indicated:

- albumin** **calcium** **uric acid** **potassium** **phosphate**
 random glucose **creatinine** **PTT** **INR** **LDH**
 Echocardiogram or **MUGA Scan** **ECG**

- Other tests:**
 Consults:
 See general orders sheet for additional requests

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: