

Doctor's Order Sheet

**ribociclib 600 mg -
anastrozole 1 mg Regimen**

ARIA Protocol Name: Ribociclib 600 Anastrozole 1

Adult Chemotherapy - Medical Oncology

Estrogen-Receptor (ER)-positive, Human Epidermal Growth Factor
Receptor 2 (HER-2)-negative Breast Cancer Therapy



CC5120 0322 05 2023

Name: _____

HCN: _____

Date of Birth: _____

Weight: _____ kg Height: _____ cm Body Surface Area (BSA) = _____

Allergies: No Known

Date: DD/MONTH/YYYY Planned Administration Date: DD/MONTH/YYYY
Cycle _____ of _____ **Cycle Duration: 28 days** Date of previous cycle: DD/MONTH/YYYY

MAY PROCEED WITH DOSES AS WRITTEN IF:

- ANC **greater than or equal to** $1.0 \times 10^9/L$ and platelets **greater than or equal to** $75 \times 10^9/L$, otherwise notify Medical Oncologist.
- LFTs and Bilirubin assessed.
- Creatinine clearance assessed.
- Monitor ECG.

PREMEDICATIONS: None recommended

Other: _____

CHEMOTHERAPY (FOR COMMUNITY PHARMACY):

- ribociclib 600 mg**
- Dose modification: **ribociclib 400 mg**
 - Dose modification: **ribociclib 200 mg**
- PO** daily on days 1 to 21
- anastrozole 1 mg PO** daily on days 1 to 28

PLEASE REFER TO CHEMOTHERAPY LETTER WHEN ORDERING SUPPORTIVE MEDICATIONS FOR THIS PATIENT

Authorized Prescriber: _____ Date: DD/MONTH/YYYY Time: _____

Authorized Prescriber's Signature: _____ ID #: _____

Nurse's Name: _____ Date: DD/MONTH/YYYY Time: _____

Nurse's Signature: _____

THIS IS A CONTROLLED DOCUMENT. PLEASE ENSURE THAT YOU ARE READING THE MOST RECENT VERSION.