

Doctor's Order Sheet

**alpelisib 300 mg -
fulvestrant 500 mg Regimen:**

Cycle 1

ARIA Protocol Name: alpelisib fulvestrant

Adult Chemotherapy - Medical Oncology

Palliative Treatment of PIK3CA-mutated HR+/HER2- Advanced Breast Cancer Therapy



CC5950 0405 09 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:

- CBC with differential assessed.
- LFTs and Bilirubin assessed.
- Creatinine clearance assessed.

PREMEDICATIONS: None recommended

Other: _____

CHEMOTHERAPY (FOR COMMUNITY PHARMACY):

fulvestrant 500 mg on days 1 and 15

alpelisib 300 mg

Dose modification: **alpelisib 250 mg**

Dose modification: **alpelisib 200 mg**

PO daily on days 1 to 28 continuously

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.