

Doctor's Order Sheet
fruquintinib 5 mg

Regimen

ARIA Protocol Name: fruquintinib 5 mg - Compassionate

Adult Chemotherapy - Medical Oncology

Advanced Colorectal Carcinoma

Name: _____

HCN: _____

Date of Birth: _____



CC9180 0638 03/2026

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:

- Total bilirubin **less than or equal to** 1.5 ULN and/or ALT should be **less than or equal to** 3 x ULN
- CBC with differential assessed
- Assess dipstick urine or laboratory urinalysis for protein
- Blood pressure assessed

PREMEDICATIONS: None recommended

Other: _____

CHEMOTHERAPY (FOR COMMUNITY PHARMACY):

- fruquintinib 5 mg PO** daily on days 1 to 21
- Dose modification: **fruquintinib 4 mg PO** daily on days 1 to 21
 - Dose modification: **fruquintinib 3 mg PO** daily on days 1 to 21

This prescription is NOT eligible for pharmacist prescribing by dispensing pharmacist.

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.