

Doctor's Order Sheet

entrectinib 600 mg Regimen

ARIA Protocol Name: entrectinib

Adult Chemotherapy - Medical Oncology

ROS-1 Positive Advanced Non-Small Cell Lung Cancer Therapy



CC4030 0214 08 2022

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: 30 days

Date of previous cycle: _____ DD/MONTH/YYYY

MAY PROCEED WITH DOSES AS WRITTEN IF:

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

PREMEDICATIONS: None recommended

☐ Other: _____

CHEMOTHERAPY (FOR COMMUNITY PHARMACY):

- ☐ **entrectinib 600 mg PO** daily on days 1 to 30
- ☐ Dose modification: **entrectinib 400 mg PO** daily on days 1 to 30
 - ☐ Dose modification: **entrectinib 200 mg PO** daily on days 1 to 30

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.