

abiraterone Regimen

ARIA Protocol Name: abiraterone maintenance

Adult Chemotherapy - Medical Oncology

Metastatic Castration Resistant Prostate Cancer



CC6270 0437 01 2024

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: 90 days**

Date of previous cycle: DD/MONTH/YYYY

MAY PROCEED WITH DOSES AS WRITTEN IF:

- PSA assessed.
- CBC and differential assessed
- LFTs and Bilirubin assessed.
- Creatinine clearance assessed.
- Blood pressure assessed.
- Serum potassium assessed.

PREMEDICATIONS: None recommended

☐ Other: _____

CHEMOTHERAPY (FOR COMMUNITY PHARMACY):

- ☐ **abiraterone 1000 mg** PO daily
- ☐ Dose modification: **750 mg** PO daily
 - ☐ Dose modification: **500 mg** PO daily
 - ☐ Dose modification: **250 mg** PO daily
- ☐ **prednisone 5 mg** PO bid

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.