

Patient Details

Forename

Surname

Protocol

IXAZOMIB + LENALIDOMIDE+ DEX

SA (m²)

Height (m)

Weight (kg)

DOB

Patient NO

Local No.

Course Name:

Dexamethasone+ Ixazomib+ Lenalidomide

Consultant

Ward

Type of line

Diagnosis

Myeloma

NHS No

[illegible]

Additional Prescribing Notes

Ixazomib is only currently available on a compassionate use basis. Patients must be registered with Takeda.

Please prescribe supportive/preventative care either on Chemocare or on a separate paper prescription, as per local trust policy and guidance

1) VTE prophylaxis e.g. aspirin, tinzaparin

2) Consider stress ulcer PPI prophylaxis i.e.

lansoprazole

3) Consider allopurinol 300mg OD (100mg OD if CrCl <20mls/min) for first 4 weeks of treatment only.

Dose Modifications

Refer to SPC for dose modifications

Supply of Lenalidomide is regulated under a Pregnancy

Prevention Programme. Specific counselling and pregnancy testing is required as part of this. For all new patients a Treatment Initiation Form must be completed by Prescriber and the patient. Copies are to be retained in notes / by patient and by pharmacy. Every prescription for Lenalidomide must be accompanied by a completed Prescription Authorisation Form (PAF). This may be provided as a hard copy or via the Celgene eRMP website. Without this pharmacy will not dispense lenalidomide.

Allocated by:

Confirmed by:

Authorised by:

Checked by: (Pharmacist)

Date:

Date:

Date:

Date:

Chart Id.:

Parenteral

1

Intrathecal

0

Oral

5

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Consultant			Ward		Diagnosis		Myeloma							
Address														

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	LENALIDOMIDE																	
Actual dose			Duration	21 DAYS														
Route	PO		Start Date															
Frequency	DAILY		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note																		
Drug & dose	IXAZOMIB																	
Actual dose			Duration	1 DOSE														
Route	PO		Start Date															
Frequency	OD WEEKLY		Start Day	1														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	To be taken once a day on Day 1. Supply and label days 1,8 and 15 together in a single container.																	

Allocated by:	Confirmed by:	Authorised by:	Checked by: (Pharmacist)	Chart Id.:
Date:	Date:	Date:	Date:	
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			Ward										
Address													

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	DEXAMETHASONE																	
Actual dose			Duration	1 DOSE														
Route	PO		Start Date															
Frequency	OD WEEKLY		Start Day	1														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	Take in the morning on Day 1 with or after food. Supply and label days 1,8,15 and 22 together in a single container.																	
Drug & dose	ACICLOVIR																	
Actual dose	200 mg		Duration	28 DAYS														
Route	PO		Start Date															
Frequency	TDS		Start Day	1														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	This is continuous treatment supply original packs. If pre-pack supplied record Batch Number : _____.																	

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			Ward											
Address														

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	IXAZOMIB																	
Actual dose			Duration	1 DOSE														
Route	PO		Start Date															
Frequency	OD WEEKLY		Start Day	8														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	To be taken once a day on Day 8. Supply issued on Day 1.																	
Drug & dose	DEXAMETHASONE																	
Actual dose			Duration	1 DOSE														
Route	PO		Start Date															
Frequency	OD WEEKLY		Start Day	8														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Take in the morning on Day 8 with or after food. Supply issued on Day 1.																	

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			Ward										
Address													

Record drug allergies or sensitivities

				Time	Date													
Drug & dose	IXAZOMIB																	
Actual dose			Duration	1 DOSE														
Route	PO		Start Date															
Frequency	OD WEEKLY		Start Day	15														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	To be taken once a day on Day 15. Supply issued on Day 1.																	
Drug & dose	DEXAMETHASONE																	
Actual dose			Duration	1 DOSE														
Route	PO		Start Date															
Frequency	OD WEEKLY		Start Day	15														
Quantity Dispensed		Dispensed by																
		Accuracy check																
Note	Take in the morning on Day 15 with or after food. Supply issued on Day 1.																	

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Record drug allergies or sensitivities

				Time	Date													
Drug & dose	DEXAMETHASONE																	
Actual dose			Duration	1 DOSE														
Route	PO		Start Date															
Frequency	OD WEEKLY		Start Day	22														
Quantity Dispensed			Dispensed by															
			Accuracy check															
Note	Take in the morning on Day 22 with or after food. Supply issued on Day 1.																	

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