



Patient Identification:

Name:
DOB:
MR#
Visit#

DIAGNOSIS: MDS	ICD 9: 238.74	REGIMEN: Lenalidomide	HT: CM	WT: KG	BSA: M ²
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Approved Indications:

Lit. Reference:

Allergies (Drug, Food, Environmental) _____
 No Known Drug Allergies **No Known Food Allergies** **No Known Environmental Allergies**

COURSE #: _____ **of** _____ **Start date for cycle #1 of therapy:** _____

MEDICATION AND DOSE	PATIENT'S DOSE	ROUTE	ADMINISTRATION TIME, AND FREQUENCY
1 Lenalidomide (Revlimid®)	10 mg 5mg	By mouth	Once tablet daily with or without food at the same time each day Days 1-21 every 28 days Daily Other: _____

Begin Therapy:(day 1) _____

Treatment Parameters: Do Not Initiate Treatment If: (will use clinic standards if not indicated)	WBC <	PLT <	Bilirubin >
	ANC <	CR >	

Protocol modification (reason): _____ **Effective date:** _____

Other Provider Signature: _____ **ID #** **Date/Time:** _____

Attending Provider Signature: _____ **ID #** **Date/Time:** _____

PRE-TREATMENT EVALUATION:

1	Informed Consent	Consent form signed: Date: _____ (included in HER)
2	Registration with Revassist ®: www.revassist.com	Must be prescribed through Revassist program for safety Celgene Customer Care Center toll-free at 1-888-423-5436
3	Pre-treatment laboratory	CBC, differential, platelet count Serum erythropoietin level Complete Metabolic Panel TSH, serum testosterone (men only)
4	Pre-treatment patient education	Consultation with Clinical Coordinator/Patient Navigator Chemotherapy education course: Date: Treatment and Transfusion tracking tool Lenalidomide (Revlimid ®) patient information packet
5	Referral to financial coordinator	
6	Common Adverse Events	Myelosuppression – most common Rash – generally transient, pruritus is common in early phase of treatment Diarrhea Requires renal dose adjustment – refer to Micromedex Analog of Thalidomide- Lenalidomide is non-teratogenic in animal studies

FOLLOW-UP PROTOCOL:

1	Weekly laboratory analysis for first 8 weeks	CBC, differential, platelet count Complete Metabolic Panel
2	Provider/ Nursing Visit for toxicity check, reinforcement of teaching (first 8 weeks)	Provider visit (99214) weekly every other week Other Nursing visit (99211)) weekly every other week Other
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