

**DOH CANCER MEDICINE ACCESS PROGRAM**  
**Prescription Rx Drug Request Form CMAP F2 – COLON RECTUM**  
**(Filled-up by Physician for each Chemotherapy Cycle)**

NAME OF PATIENT: \_\_\_\_\_ CMAP ID (Year-Pt #): \_\_\_\_\_

Cancer Site: Colon (Y/N) \_\_\_\_\_ Rectum (Y/N) \_\_\_\_\_

Date Needed : \_\_\_\_\_ Cycle Number: \_\_\_\_\_ (Indicate Regimen, Drugs/ No of vials/tabs needed)

TREATMENT ARM	DRUG	CYCLE DAYS GIVEN	DRUG PREPARATION	NO OF VIALS/ AMPS/ Tabs	No Released by Navigator
<b>COLON CARCINOMA</b>					
<b>1. Capecitabine</b>	Capecitabine	D1-14	500 mg/tab		
1250 mg/m <sup>2</sup> 2x day	Loperamide	As needed	2mg/tab		
q 3 wks cycle x 8 cycles					
<b>2. Capecitabine</b>	Capecitabine	D1-14	500 mg/tab		
2000 mg/m <sup>2</sup> 2x day	Loperamide	As needed	2mg/tab		
q 3 wks cycle x 6 cycles	Metoclopramide	As needed	10 mg/Tab		
<b>3. CapeOx</b>					
<b>Oxaliplatin</b>	Oxaliplatin	D1	50 mg/ vial		
130 mg/m <sup>2</sup>	Metoclopramide	D1	10 mg/amp		
<b>plus</b>					
<b>Capecitabine</b>	Capecitabine	D1-14	500 mg/tab		
850 mg/m <sup>2</sup> 2xday	Loperamide	As needed	2mg/tab		
q 3 wks cycle x 6 cycles	Metoclopramide	As needed	10 mg/Tab		
<b>4. Irinotecan 180 mg/m2 IV</b> Day 1 q 2 wks	Irinotecan	D1	100 mg vial		
<b>Folinic acid 200 mg/m2 or 50 mg/m2 IV bolus</b>	Folinic acid	Days 1 and 2	50 mg/ 200 mg vials		
<b>Fluorouracil 400 mg/m2 IV bolus Days 1 and 2;</b> <b>Fluorouracil 600 mg/m2 IV infusion over 22 hours Days 1-2</b>	Fluorouracil	Days 1 and 2	500 mg vial		
<b>RECTUM CARCINOMA</b>					
<b>1. Cape-CapeRT</b>					
<b>Capecitabine</b>	Capecitabine	D1-14	500 mg/tab		
2000 mg/m <sup>2</sup> 2x day	Loperamide	As needed	2mg/tab		
q 3 wks cycle x 6 cycles	Metoclopramide	As needed	10 mg/Tab		
<b>Followed by concurrent CapeRT</b>					
<b>Capecitabine</b>					
825 mg/m <sup>2</sup> 2xday	Capecitabine	<b>D1-5 during RT days</b>			
	Loperamide	As needed	2mg/tab		
<b>2. CapeRT-Capeox</b>					
<b>Concurrent CapeRT</b>					
<b>Capecitabine</b>					
825 mg/m <sup>2</sup> 2xday	Capecitabine	<b>D1-5 during RT days</b>	500 mg/tab		
	Loperamide	As needed	2mg/tab		
<b>Followed by CapeOx</b>					
<b>Oxaliplatin</b>	Oxaliplatin	D1	50 mg/ vial		
130 mg/m <sup>2</sup>	Metoclopramide	D1	10 mg/amp		
<b>plus</b>					
<b>Capecitabine</b>	Capecitabine	D1-14	500 mg/tab		
850 mg/m <sup>2</sup> 2xday	Metoclopramide	As needed	10 mg/Tab		
q 3 wks cycle x 6 cycles	Loperamide	As needed	2mg/tab		

3. <b>Folfiri</b> as above					
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Physician:

Lic No:

PTR No:

Released by : \_\_\_\_\_ Date: \_\_\_\_\_