

**DOH-GYNE CANCER MEDICINE ACCESS PROGRAM**

**Prescription Rx Drug Request Form CMAP F2 GYNE CANCER  
(Filled-up by Physician for each Chemotherapy Cycle)**

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

Gyne Cancer Site: Cervix / Uterus/ Ovary/ Other \_\_\_\_\_

Date Needed : \_\_\_\_\_ Cycle Number: \_\_\_\_\_ The following serves as a Doctor's Prescription:

(Indicate Regimen, Drugs/ No of vials/amps needed)

TREATMENT ARM	DRUG	CYCLE DAYS GIVEN	DRUG PREPARATION (encircle dose form)	Rx - NO OF VIALS/ AMPS	NO RELEASED BY NAVIGATOR
<b>CERVIX CARCINOMA</b>					
<b>1. Cisplatin (with RT)</b>					
Cisplatin 50 mg/m2	Cisplatin	D1, 8, 29, 36	50 mg vial		
Or Carboplatin AU 2	Carboplatin	Weekly with RT	50 mg vial		
<b>2. Carbo-Pacli</b>					
Carboplatin AUC 5	Carboplatin	D1 every 21 days	150 mg vial; 450 mg vial		
Paclitaxel 175 mg/m2	Paclitaxel	D1 every 21 days	100 mg vial		
<b>3. Cis-Pacli</b>					
Cisplatin 70 mg/m2	Cisplatin	D1 every 21 days	50 mg vial		
Paclitaxel 175 mg/m2	Paclitaxel	D1 every 21 days	100 mg vial		
<b>4. Gem-Cis</b>					
Gemcitabine 1250 mg/m2	Gemcitabine	D1 D8 every 21 days	1000 mg vial; 200 mg vial		
Cisplatin 75 mg/m2	Cisplatin	D1 every 21 days	50 mg vial		
<b>5. Single Agent</b>					
Cisplatin 70 mg/m2	Cisplatin	D1 every 21 days	50 mg vial		
Or Carboplatin AUC 5	Carboplatin	D1 every 21 days	150 mg vial; 450 mg vial		
Or Paclitaxel 175 mg/m2	Paclitaxel	D1 every 21 days	100 mg vial		
Or Gemcitabine 1250 mg/m2	Gemcitabine	D1 D8 every 21 days	1000 mg vial; 200 mg vial		
Or Docetaxel 70 mg/m2	Docetaxel	D1 every 21 days	80 mg vial; 20 mg vial		
<b>UTERINE CARCINOMA</b>					
<b>1. Carbo-Pacli</b>					
Carboplatin AUC 5	Carboplatin	D1 every 21 days	150 mg vial; 450 mg vial		
Paclitaxel 175 mg/m2	Paclitaxel	D1 every 21 days	100 mg vial		
<b>2. Cis-Doxo</b>					
Cisplatin 75 mg/m2	Cisplatin	D1 every 21 days	50 mg vial		
Doxorubicin 40 mg/m2	Doxorubicin	D1 every 21 days	50 mg vial		
<b>3. Doxo-Gem</b>					
Doxorubicin 40 mg/m2	Doxorubicin	D1 every 21 days	50 mg vial		
Gemcitabine 1250 mg/m2	Gemcitabine	D1 D8 every 21 days	1000 mg vial; 200 mg vial		
<b>4. Doxo</b>					
Doxorubicin 50 mg/m2	Doxorubicin	D1 every 21 days	50 mg vial		
<b>UTERINE SARCOMA</b>					
<b>1. Doxorubicin 50 mg/m2</b>					
Doxorubicin 50 mg/m2	Doxorubicin	D1 every 21 days	50 mg vial		
<b>2. Gemcitabine 1250 mg/m2</b>					
Gemcitabine 1250 mg/m2	Gemcitabine	D1 every 21 days	1000 mg vial; 200 mg vial		
<b>OVARIAN CARCINOMA</b>					
<b>1. Carbo-Pacli</b>					
Carboplatin AUC 5	Carboplatin	D1 every 21 days	150 mg vial; 450 mg vial		
Paclitaxel 175mg/m2	Paclitaxel	D1 every 21 days	100 mg vial		
<b>2. Gem-Cis</b>					

<b>Gemcitabine</b> 1250 mg/m2	Gemcitabine	D1 every 21 days	1000 mg vial; 200 mg vial		
<b>Cisplatin</b> 75 mg/m2	Cisplatin	D1 every 21 days	50 mg vial		
<b>3. BEP</b>					
<b>Bleomycin</b> 15 U	Bleomycin	D1, 8, 15 q 21 days	15 IU vial		
<b>Etoposide</b> 100 mg/m2	Etoposide	D1 every 21 days	100 mg vial		
<b>Cisplatin</b> 75mg/m2	Cisplatin	D1 every 21 days	50 mg vial		
<b>VULVAR CARCINOMA w/wo RT</b>					
<b>1. Cisplatin</b> 75 mg/m2	Cisplatin	D1 every 21 days	50 mg vial		
<b>2. Capecitabine</b> 1000mg/m2	Capecitabine	D1-14 BID every 21 days	500 mg tab		
Or <b>Fluorouracil</b> 700 mg/m2	Fluorouracil	D1, D8 every 21 days	500 mg vial		
<b>GESTATIONAL TROPHOBLASTIC DISEASE</b>					
<b>1. EMACO</b>					
<b>Etoposide</b> 100 mg/m2 IV	Etoposide	D1, D2 every 15 days	100 mg vial		
<b>Methotrexate</b> 300 mg/m2 IV over 24 hrs	Methotrexate	D1 every 15 days	50 mg vial		
<b>Actinomycin D</b> 0.5 mg IV	Actinomycin D	D1, D2 every 15 days	500 mcg vial		
<b>Folinic Acid</b> 50 mg/m2	Folinic acid	D2 every 15 days after MTX	50 mg vial		
<b>Cyclophosphamide</b> 600 mg/m2 IV	Cyclophosphamide	D8 every 15 days	500 mg vial		
<b>Vincristine</b> 0.8 mg/m2 IV	Vincristine	D8 every 15 days	2 mg vial		
<b>2. Methotrexate</b>					
<b>Methotrexate</b> 0.4 mg/kg (max 25 mg) IV	Methotrexate	Daily D1-5 every other week	50 mg vial		
Metoclopramide			10 mg vial		
Ondansetron			8 mg vial		
Diphenhydramine			50 mg vial		
Dexamethasone			8 mg vial		
Ranitidine			50 mg vial		
G-CSF			300 mcg pfs		

Physician:

Lic No:

PTR No:

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