

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

NAME OF PATIENT: _____ CMAP ID (Year-Pt #): _____
 Cancer Site: _____ Date Requested: _____ Date Needed : _____ Cycle Number: _____

TREATMENT ARM	DRUG	CYCLE DAYS GIVEN	DRUG PREPARATION (encircle dose form)	NO OF VIALS/ AMPS/ TABS	No Released by Navigator
1. Cis-RT then Cis-FU					
Cisplatin 100mg/m ² IV; plus RT	Cisplatin	D1 every 21 days	50 mg vial		
Cisplatin 80mg/m ² IV	Cisplatin	D1 every 28 days	50 mg vial		
5-FU 1,000mg/m ² continuous IV infusion	Fluorouracil	D1-4 every 28 days	500 mg/ 1000 mg vial		
2. Cisplatin + radiotherapy					
Cisplatin 40mg/m ² weekly for up to 7 weeks, with RT. OR	Cisplatin	Daily with RT	50 mg vial		
Cisplatin 100 mg/m ² IV over 60 minutes D1 every 3 weeks, with RT	Cisplatin	D1 every 21 days	50 mg vial		
3. Induction Doce-Cis then Cis-RT					
Docetaxel 75mg/m ² IV	Docetaxel	D1 every 21 days	200 mg vial; 80 mg vial		
Cisplatin 75mg/m ² IV , then	Cisplatin	D1 every 21 days	50 mg vial		
Cisplatin 40mg/m ² IV weekly concurrent with radiotherapy.	Cisplatin	Once weekly with RT	50 mg vial		
4. Cis/ Carbo-Gem					
Gemcitabine 1,000mg/m ² IV	Gemcitabine	D1 & D8 every 21 days	200 mg & 1000 mg vials		
Cisplatin 75mg/m ² /day OR	Cisplatin	D1 every 21 days	1000 mg vial; 200 mg vial		
Carboplatin AUC 6mg·min/mL IV	Carboplatin	D1 every 21 days	150 mg & 450 mg vials		
5. Cis/ Carbo-Pacli					
Cisplatin 75 mg/m ² IV	Cisplatin	D1 every 21 days	50 mg vial		
OR Carboplatin AUC 6mg·min/mL IV	Carboplatin	D1 every 21 days	150 mg & 450 mg vials		
Paclitaxel 175mg/m ² IV	Paclitaxel	D1 every 21 days	100 mg vial		
6. Single-Agents					
a) Capecitabine 1250mg/m ² orally twice daily	Capecitabine	D1-14 every 21 days	500 mg tab		
b) Gemcitabine 1,000mg/m ² IV	Gemcitabine	D1, 8, 15 every 28 days	200 mg and 1000 mg vials		
c) Docetaxel 40–100mg/m ² IV	Docetaxel	D1 every 21 days	20 mg and 80 mg vials		
d) Methotrexate 40 mg/m ² IV		Once weekly	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: _____