A BC Cancer “Compassionate Access Program” request form must be completed and approved prior to treatment.

**PROTOCOL CODE: USMAJDT**

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**DOCTOR’S ORDERS**

**REMINDER:** Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

<table>
<thead>
<tr>
<th>DATE:</th>
<th>To be given:</th>
<th>Cycle #:</th>
<th>Delay treatment ______ week(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Dose Modification/Delay for ________________________________________</td>
</tr>
<tr>
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<td>Proceed with treatment based on blood work/ECG from____________________</td>
</tr>
</tbody>
</table>

**TREATMENT:**

- daBRAFenib 150 mg PO twice daily for 30 days
  - Dose modification: daBRAFenib 100 mg, 75 mg or 50 mg (circle one) PO twice daily for 30 days

- trametinib 2 mg PO daily for 30 days (available in 30 tablet containers only: dispense in original container)
  - Dose modification: trametinib 1.5 mg or 1 mg (circle one) PO daily for 30 days

**RETURN APPOINTMENT ORDERS**

- **Cycle 1 only:** Return in 2 weeks for Doctor and skin toxicity assessment
- **Return in 30 days for Doctor and Cycle # ______
- **Last Treatment. Return in ______ week(s)**

**Baseline (prior to cycle #1):** CBC and diff, platelets, creatinine, sodium, potassium, calcium, magnesium, alkaline phosphatase, ALT, albumin, ECG, MUGA scan or echocardiogram (if not performed within a year)

**Prior to each cycle:** CBC and diff, platelets, creatinine, sodium, potassium, calcium, magnesium, alkaline phosphatase, ALT, albumin, LDH

**ECG:** every 4 weeks (prior to each cycle) for the first 3 cycles, then every 12 weeks

**MUGA scan or echocardiogram:** at week 8, then every 12 weeks

**Dermatology Consults:** at baseline (if not performed within a year) and at 8 weeks

**Other Tests:**
- ECG
- CT scan
- MRI
- echocardiogram
- glucose

**Consults:**
- Dermatology Consult
- Ophthalmology Consult
- Pap smear in women
- Other Consults: ____________________________________________

See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**

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**BC Cancer Provincial Preprinted Order USMAJDT**

**Activated:** 1 Nov 2019  
**Revised:**