**PROTOCOL CODE: USMAVTRA**

A BCCA “Compassionate Access Program” request form must be completed and approved prior to treatment and patients must have a **BRAF V600 mutation**.

**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>
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</table>

- Delay treatment _____ week(s)

Dose Modification/Delay for

Proceed with treatment based on blood work from

**TREATMENT:**

- **trametinib** 2 mg PO daily for 30 days (available in 30 tablet containers only: dispense in original container)

Dose modification:

- **trametinib** 1.5 mg PO daily for 30 days
- **trametinib** 1 mg 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, electrolytes, calcium, magnesium, alkaline phosphatase, AST, ALT, albumin, ECG, echocardiogram, blood pressure

**Prior to each cycle:** alkaline phosphatase, AST, ALT, albumin, blood pressure

**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

**Consults:**

- ☐ Dermatology Consult
- ☐ Ophthalmology Consult
- ☐ Pap smear in women
- ☐ Other Consults: ________________________________

☐ See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**