Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BC Cancer treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care

PROTOCOL CODE: USMAVVIS

A BC Cancer "**Compassionate Access Program**" request form must be completed and approved prior to treatment. Patient and Physician must be registered with the Erivedge® Pregnancy Prevention Program® (EPPP)

DOCTOR'S ORDERS

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

DATE: **To be given:** **Cycle #:** (One cycle = 4 weeks)

☐ Delay treatment _____ week(s) for _____

Risk Classification (check one):
☐ **Female of Childbearing Potential (FCBP)**
☐ **Female of non-Childbearing Potential (FNCBP)** ☐ **Male**

TREATMENT:

vismodegib 150 mg PO once daily

Mitte:

☐ FCBP : Dispense 28 capsules. (Maximum 28 capsules, no refills). Prescriptions must be dispensed within seven (7) days of the negative pregnancy test. **Date of last negative pregnancy test (no report needed) (dd/mm/yyyy):**_____

☐ FNCBP or Male: Dispense ☐ **28** capsules or ☐ **56** capsules or ☐ **84** capsules (select one). Maximum 3 cycles (84 capsules, no refills). Prescriptions must be dispensed within 28 days of the prescription date.

RETURN APPOINTMENT ORDERS

Book to Erivedge® Pregnancy Prevention Program® Registered Physician only

☐ **FCBP:** Return in 4 weeks for Doctor and Cycle # _____.

☐ **FNCBP or Male:** Return in _____ weeks for Doctor and Cycle(s) # _____.

☐ Last Treatment. Return in _____ week(s)

Prior to each cycle: CBC and diff, platelets

☐ **Pregnancy blood test for female of childbearing potential (FCBP),** every 4 weeks, less than or equal to 7 days prior to the next cycle

☐ ALT ☐ bilurubin ☐ sodium ☐ potassium ☐ **Other tests**_____

☐ **Consults:**

☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE: EPPP Registered only

First name: Last Name:

SIGNATURE:

UC:

Fax completed prescription to EPPP at 1-888-532-1198.
Pharmacy requires a minimum of ONE business day for EPPP approval and dispensing