Regimen Reference Order – GAST – PANitumumab + encorafenib

ARIA: GAST - [PANitumumab + encorafenib]

Planned Course: encorafenib once daily with PANitumumab every 14 days until disease progression or unacceptable toxicity (1 cycle = 28 days)

Indication for Use: Colorectal Cancer Metastatic, BRAF V600E Mutation Positive

CVAD: At Provider's Discretion

Proceed with treatment if:

encorafenib

Days 1 and 15 of every cycle

- ***ANC equal to or greater than 1.5 x 10^9/L AND Platelets equal to or greater than 100 x 10^9/L***
- ***AST/ALT less than 3 times the upper limit of normal***
- ***Total bilirubin less than 2 times the upper limit of normal***

PANitumumab

- ***On Day 1, proceed with PANitumumab only when encorafenib starts***
- ***On subsequent treatment days, proceed with PANitumumab regardless of CBC***
  - ❖ **Contact Physician if parameters not met**

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Not Applicable		

Treatment Regimen – GAST – PANitumumab + encorafenib

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
encorafenib	300 mg	Orally once daily on **Days 1 to 28** Take with or without food. Swallow whole **(Self-administered at home)** **Alert: encorafenib dose may be adjusted pending evaluation of Day 15 blood work*
Days 1 and 15		
PANitumumab	6 mg/kg	IV in normal saline 100 mL over 1 hour If first dose of PANitumumab is tolerated, then subsequent infusions may be administered over 30 minutes Doses greater than 1000 mg must be infused over 90 minutes *Use 0.2 or 0.22 micron filter*

All doses will be automatically rounded that fall within CCMB Approved Dose Bands. See Dose Banding document for more information

encorafenib (BRAFTOVI®) available dosage strength: 75 mg capsule
Classification: Cytotoxic, Hazardous

In the event of an infusion-related hypersensitivity reaction, refer to the **'Hypersensitivity Reaction Standing Order'**

REQUIRED MONITORING

Cardiac monitoring
- EKG at baseline and as clinically indicated

All Cycles
Days 1 and 15
- CBC, serum creatinine, urea, electrolytes including magnesium and calcium, liver enzymes, total bilirubin, glucose and albumin as per Physician Orders
- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O_2 saturation) at baseline and as clinically indicated

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
doxycycline	100 mg	Orally twice daily as directed by clinic
hydrocortisone cream	1%	Apply topically daily at bedtime to face, hands, feet, neck, back and chest as directed by clinic
Sunscreen	Broad-spectrum, Minimum SPF 15 (PABA free, zinc oxide or titanium dioxide preferred)	Apply liberally to exposed skin 30 minutes before going outdoors. Reapply every 2 hours and after swimming
Moisturizing lotion	Fragrance-free	Apply topically to face, hands, feet, neck, back and chest daily in the morning on rising and ***as needed***

DISCHARGE INSTRUCTIONS

- Patients should be instructed to contact their cancer team immediately if symptoms of hypersensitivity reactions occur after discharge
- Instruct patient to report rash and skin changes to clinic
- Patients should report signs and symptoms of bleeding/hemorrhage
- Instruct patient to use recommended support medications
- encorafenib has potential for significant drug-drug interactions. Patients should notify clinic prior to starting any new medication
- Avoid grapefruit and grapefruit juice, Seville oranges (i.e. orange marmalade) and starfruit
- Advise patient to keep the medication in the original container. The desiccant should not be removed and the container should be kept tightly closed to protect from moisture
- Reinforce applicable safe handling precautions of medications, blood and body fluids while on encorafenib

ADDITIONAL INFORMATION

- encorafenib can prolong QT interval
- encorafenib has been associated with the development of new primary malignancies (cutaneous and non-cutaneous)
- PANitumumab AND encorafenib have been associated with ocular toxicity
- PANitumumab AND encorafenib can cause hypomagnesemia
- PANitumumab AND encorafenib can cause dermatological changes including rash and hand and foot syndrome
- PANitumumab can cause interstitial lung disease, pneumonitis and exacerbation of pre-existing fibrotic lung disease
- PANitumumab can cause nail changes
- encorafenib will be dispensed by CCMB Pharmacy. encorafenib is dispensed with a 30-day supply and is kept in the original container