

**daratumumab-hyaluronidase
1800 mg -
cyclophosphamide 300 -
bortezomib 1.5 -
dexamethasone 20 mg**

Regimen: Cycles 7-8 (Part I)

ARIA Protocol Name: Daratumumab SC CyBorD (age and comorbidities)

Adult Chemotherapy - Hematology Oncology

Multiple Myeloma

Name: _____

HCN: _____

Date of Birth: _____



CC4230 0234 08 2022

| | | |
|--|---|--|
| Allergies: | | <input type="checkbox"/> No Known |
| Date: <u>DD/MONTH/YYYY</u> | Planned Administration Date: <u>DD/MONTH/YYYY</u> | |
| Cycle <u> </u> of <u> </u> | Cycle Duration: 28 days | Date of previous cycle: <u>DD/MONTH/YYYY</u> |
| MAY PROCEED WITH DOSES AS WRITTEN IF: | | |
| <ul style="list-style-type: none"> • ANC greater than or equal to 1 X 10⁹/L and platelets greater than or equal to 80 X 10⁹/L, otherwise notify Hematologist. • LFTs and Bilirubin assessed. • Creatinine clearance assessed. • Neurotoxicity assessment completed | | |
| PREMEDICATIONS (FOR HOSPITAL PHARMACY): | | |
| <input type="checkbox"/> 60 minutes prior to daratumumab-hyaluronidase: diphenhydrAMINE 50 mg PO on day 1 | | |
| <input type="checkbox"/> 60 minutes prior to daratumumab-hyaluronidase: acetaminophen 650 mg PO on day 1 | | |
| <input type="checkbox"/> Other: _____ | | |
| HYDRATION/SUPPORTIVE CARE (FOR COMMUNITY PHARMACY): | | |
| <input type="checkbox"/> acyclovir 800 mg PO once daily until one month post completion of daratumumab/bortezomib treatment | | |
| <input type="checkbox"/> metoclopramide 10-20 mg PO every 4 hours as needed | | |
| <input type="checkbox"/> Other: _____ | | |

PLEASE REFER TO CHEMOTHERAPY LETTER WHEN ORDERING SUPPORTIVE MEDICATIONS FOR THIS PATIENT

Authorized Prescriber: _____ Date: DD/MONTH/YYYY Time: _____

Authorized Prescriber's Signature: _____ ID #: _____

Nurse's Name: _____ Date: DD/MONTH/YYYY Time: _____

Nurse's Signature: _____

THIS IS A CONTROLLED DOCUMENT. PLEASE ENSURE THAT YOU ARE READING THE MOST RECENT VERSION.



Doctor's Order Sheet

**daratumumab-hyaluronidase
1800 mg -
cyclophosphamide 300 -
bortezomib 1.5 -
dexamethasone 20 mg**

Regimen: Cycles 7-8 (Part II)

ARIA Protocol Name: Daratumumab SC CyBorD (age and comorbidities)

Adult Chemotherapy - Hematology Oncology

Multiple Myeloma

Name: _____

HCN: _____

Date of Birth: _____



CC4230 0234 08 2022

Weight: _____ kg Height: _____ cm Body Surface Area (BSA) = _____

CHEMOTHERAPY (FOR HOSPITAL PHARMACY):

bortezomib 1.5 mg/m² X BSA = _____ mg

Dose modification: **bortezomib 1.5 mg/m² X BSA - _____ % = _____ mg**

SC on day 1, 8, 15 and 22

daratumumab-hyaluronidase 1800 mg

SC on day 1

Administer over 3 to 5 minutes into abdomen

First injection: Observe patient for 4 hours after daratumumab-hyaluronidase SC injection

Subsequent injections: If no reaction in previous injection, observe patient for 15 to 20 minutes after daratumumab-hyaluronidase SC injection

CHEMOTHERAPY (FOR COMMUNITY PHARMACY):

dexamethasone 20 mg PO once daily in the morning on day 1, 8, 15 and 22 (60 minutes pre daratumumab-hyaluronidase on day 1)

cyclophosphamide 300 mg/m² X BSA = _____ mg

Dose modification: **cyclophosphamide 300 mg/m² X BSA - _____ % = _____ mg**

PO on day 1, 8, 15 and 22

This prescription is NOT eligible for medication management by a pharmacist

PLEASE REFER TO CHEMOTHERAPY LETTER WHEN ORDERING SUPPORTIVE MEDICATIONS FOR THIS PATIENT

Authorized Prescriber: _____ Date: DD/MONTH/YYYY Time: _____

Authorized Prescriber's Signature: _____ ID #: _____

Nurse's Name: _____ Date: DD/MONTH/YYYY Time: _____

Nurse's Signature: _____

THIS IS A CONTROLLED DOCUMENT. PLEASE ENSURE THAT YOU ARE READING THE MOST RECENT VERSION.