

**daratumumab-hyaluronidase
1800 mg -
cyclophosphamide 300 -
bortezomib 1.5 -
dexamethasone 40 mg**

Regimen: Cycles 7-8 (Part I)
ARIA Protocol Name: Daratumumab SC CyBorD
Adult Chemotherapy - Hematology Oncology
Multiple Myeloma

Name: _____

HCN: _____

Date of Birth: _____



CC4340 0244 08 2022

Allergies:

No Known

Date: DD/MONTH/YYYY

Planned Administration Date: DD/MONTH/YYYY

Cycle of **Cycle Duration: 28 days**

Date of previous cycle: DD/MONTH/YYYY

MAY PROCEED WITH DOSES AS WRITTEN IF:

- ANC **greater than or equal to** $1 \times 10^9/L$ and platelets **greater than or equal to** $80 \times 10^9/L$, otherwise notify Hematologist.
- LFTs and Bilirubin assessed.
- Creatinine clearance assessed.
- Neurotoxicity assessment completed

PREMEDICATIONS (FOR HOSPITAL PHARMACY):

- 60 minutes prior to daratumumab-hyaluronidase: diphenhydrAMINE 50 mg PO** on day 1
- 60 minutes prior to daratumumab-hyaluronidase: acetaminophen 650 mg PO** on day 1
- Other: _____

HYDRATION/SUPPORTIVE CARE (FOR COMMUNITY PHARMACY):

- acyclovir 800 mg PO** once daily until one month post completion of daratumumab/bortezomib treatment
- metoclopramide 10-20 mg PO** every 4 hours as needed
- 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: _____

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Doctor's Order Sheet

**daratumumab-hyaluronidase
1800 mg -
cyclophosphamide 300 -
bortezomib 1.5 -
dexamethasone 40 mg**

Regimen: Cycle 7-8 (Part II)
ARIA Protocol Name: Daratumumab SC CyBorD
Adult Chemotherapy - Hematology Oncology
Multiple Myeloma

Name: _____

HCN: _____

Date of Birth: _____



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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 40 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: _____

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