

**daratumumab 16 mg/kg -  
cyclophosphamide 300 -  
bortezomib 1.5 -  
dexamethasone 20 mg**

Regimen: Cycle 2 (Part I)

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

Adult Chemotherapy - Hematology Oncology

Multiple Myeloma



CC4560 0266 09 2022

Name: \_\_\_\_\_

HCN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

<b>Allergies:</b>		<input type="checkbox"/> <b>No Known</b>
Date: <u>DD/MONTH/YYYY</u>	Planned Administration Date: <u>DD/MONTH/YYYY</u>	
Cycle _____ of _____	<b>Cycle Duration: 28 days</b>	Date of previous cycle: <u>DD/MONTH/YYYY</u>
<b>MAY PROCEED WITH DOSES AS WRITTEN IF:</b>		
<ul style="list-style-type: none"> <li>• ANC <b>greater than or equal to</b> 1 X 10<sup>9</sup>/L and platelets <b>greater than or equal to</b> 80 X 10<sup>9</sup>/L, otherwise notify Hematologist.</li> <li>• LFTs and Bilirubin assessed.</li> <li>• Creatinine clearance assessed.</li> <li>• Neurotoxicity assessment completed</li> </ul>		
<b>PREMEDICATIONS (FOR HOSPITAL PHARMACY):</b>		
<input type="checkbox"/> <b>60 minutes prior to daratumumab: diphenhydrAMINE 50 mg PO</b> on day 1, 8, 15 and 22		
<input type="checkbox"/> <b>60 minutes prior to daratumumab: acetaminophen 650 mg PO</b> on day 1, 8, 15 and 22		
<input type="checkbox"/> Other: _____		
<b>HYDRATION/SUPPORTIVE CARE (FOR COMMUNITY PHARMACY):</b>		
<input type="checkbox"/> <b>acyclovir 800 mg PO</b> once daily until one month post completion of daratumumab/bortezomib treatment		
<input type="checkbox"/> <b>metoclopramide 10-20 mg PO</b> 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 16 mg/kg -  
cyclophosphamide 300 -  
bortezomib 1.5 -  
dexamethasone 20 mg**

Regimen: Cycle 2 (Part II)

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

Adult Chemotherapy - Hematology Oncology

Multiple Myeloma



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

**CHEMOTHERAPY (FOR HOSPITAL PHARMACY):**

**bortezomib 1.5 mg/m<sup>2</sup> X BSA = \_\_\_\_\_ mg**

Dose modification: **bortezomib 1.5 mg/m<sup>2</sup> X BSA - \_\_\_\_\_ % = \_\_\_\_\_ mg**

**SC** on day 1, 8, 15 and 22

**daratumumab 16 mg/kg X weight (kg) = \_\_\_\_\_ mg**

Dose modification: **daratumumab 16 mg/kg X weight (kg) - \_\_\_\_\_ % = \_\_\_\_\_ mg**

**IV** in 500 mL normal saline on day 1, 8, 15 and 22 (1000 mL if infusion reaction during last daratumumab infusion)

Observe patient for 30 minutes after infusion (observation not required after 3 treatments with no reaction)

If no reaction in the previous infusion or reaction is Grade 2 or less: Start infusion at 200 mL/hr. If no reaction after 30 minutes, infuse the remainder at 450 mL/hr

If reaction in the previous infusion is Grade 3: Start infusion at 100 mL/hr. If no reactions after 60 minutes, increase by 50 mL/hr every 60 minutes until maximum of 200 mL/hr

**CHEMOTHERAPY (FOR COMMUNITY PHARMACY):**

**dexamethasone 20 mg PO** 60 minutes pre daratumumab on day 1, 8, 15 and 22

**cyclophosphamide 300 mg/m<sup>2</sup> X BSA = \_\_\_\_\_ mg**

Dose modification: **cyclophosphamide 300 mg/m<sup>2</sup> 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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