

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

Regimen: Cycle 1 (Part I)
ARIA Protocol Name: Daratumumab IV CyBorD (age and comorbidities)
Adult Chemotherapy - Hematology Oncology
Multiple Myeloma

Name: _____

HCN: _____

Date of Birth: _____



CC4550 0265 09 2022

Allergies:		<input type="checkbox"/> No Known
Date: <u>DD/MONTH/YYYY</u>	Planned Administration Date: <u>DD/MONTH/YYYY</u>	
Cycle _____ of _____	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"/> allopurinol 300 mg PO on day 1		
<input type="checkbox"/> 60 minutes prior to daratumumab: dexamethasone 20 mg IV in 50 mL normal saline over 15 minutes on day 1		
<input type="checkbox"/> 60 minutes prior to daratumumab: diphenhydrAMINE 50 mg IV in 50 mL normal saline over 15 minutes on day 1		
<input type="checkbox"/> 60 minutes prior to daratumumab: diphenhydrAMINE 50 mg PO on day 8, 15 and 22		
<input type="checkbox"/> 60 minutes prior to daratumumab: acetaminophen 650 mg PO on day 1, 8, 15 and 22		
<input type="checkbox"/> 60 minutes prior to daratumumab: famotidine 20 mg IV in 100 mL normal saline over 15 minutes on day 1		
<input type="checkbox"/> 60 minutes prior to daratumumab: montelukast 10 mg PO on day 1		
<input type="checkbox"/> Other: _____		
HYDRATION/SUPPORTIVE CARE (FOR HOSPITAL PHARMACY):		
<input type="checkbox"/> acetaminophen 650 mg PO 4 hours after the start of the daratumumab infusion on day 1		
<input type="checkbox"/> diphenhydrAMINE 50 mg PO/IV 4 hours after the start of the daratumumab infusion on day 1		
<input type="checkbox"/> acetaminophen 650 mg PO every 4 hours as needed on day 1		
<input type="checkbox"/> diphenhydrAMINE 50 mg PO/IV every 4 hours as needed on day 1		
<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 1 (Part II)
ARIA Protocol Name: Daratumumab IV CyBorD (age and comorbidities)

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):

cyclophosphamide 300 mg/m² X BSA = _____ mg

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

PO on day 1

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 16 mg/kg X weight (kg) = _____ mg

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

IV in 1000 mL normal saline on day 1

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

Observe patient for 30 minutes after each infusion

First infusion: Start infusion at 50 mL/hr, if no reaction after 60 minutes, increase the rate by 50 mL/hr every 60 minutes until a maximum rate of 200 mL/hr

Day 8, 15 and 22: If no prior Grade 3 reaction - Start infusion at 200 mL/h. If no reaction after 30 minutes, infuse the remainder at 450 mL/hr

Day 8: If Grade 3 reaction on Day 1 - Start at 50 mL/hr. If no reaction after 60 minutes, increase by 50 mL/hr every 60 minutes until maximum of 200 mL/hr

Day 15 and 22: If Grade 3 reaction on Day 1 or 8 - Start infusion at 100 mL/hr. If no reaction after 60 minutes, increase by 50 mL/hr every 60 minutes until maximum 200 mL/hr

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

Regimen: Cycle 1 (Part III)

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 COMMUNITY PHARMACY):

- dexamethasone 8 mg PO** once daily in the morning on day 2, 9, 16 and 23
- dexamethasone 20 mg PO** 60 minutes pre daratumumab on day 8, 15 and 22
- cyclophosphamide 300 mg/m² X BSA = _____ mg**
 - Dose modification: **cyclophosphamide 300 mg/m² X BSA - _____ % = _____ mg**
- PO** on day 8, 15 and 22

This prescription is NOT eligible for medication management by a pharmacist

HYDRATION/SUPPORTIVE CARE (FOR COMMUNITY PHARMACY):

- allopurinol 300 mg PO** once daily on days 2 to 5
- 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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