

**pomalidomide 4 mg -
cyclophosphamide 400 mg -
dexamethasone 40 mg** Regimen: Cycle 2 (Part 1)
ARIA Protocol Name: Pom Cyclo Dex
Adult Chemotherapy - Hematology Oncology
Multiple Myeloma



CC5400 0350 06 2023

Name: _____

HCN: _____

Date of Birth: _____

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.

PREMEDICATIONS: None recommended

Other: _____

HYDRATION/SUPPORTIVE CARE (FOR COMMUNITY PHARMACY):

acetylsalicylic acid 81 mg PO once daily continuously while taking pomalidomide

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

CHEMOTHERAPY (FOR COMMUNITY PHARMACY):

cyclophosphamide 400 mg

Dose modification: **cyclophosphamide 400 mg** - _____ % = _____ mg

PO on day 1, 8 and 15

dexamethasone 40 mg

Dose modification: **dexamethasone 20 mg**

PO on day 1, 8, 15 and 22

pomalidomide 4 mg PO once daily on days 1 to 21

Dose modification: **pomalidomide 3 mg PO** once daily on days 1 to 21

Dose modification: **pomalidomide 2 mg PO** once daily on days 1 to 21

Dose modification: **pomalidomide 1 mg PO** once daily on days 1 to 21

This prescription is NOT eligible for pharmacist prescribing by dispensing pharmacist

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