

CyBorD Regimen:

**cyclophosphamide 300 - bortezomib 1.5 -  
dexamethasone 40 mg Cycles 2+ (Part I)**

**ARIA Protocol Name: CyBor D 1.5**

Adult Chemotherapy - Hematology Oncology

Multiple Myeloma



CC4180 0229 08 2022

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
- Neurotoxicity assessment completed

**PREMEDICATIONS (FOR HOSPITAL PHARMACY):**

Other: \_\_\_\_\_

**HYDRATION/SUPPORTIVE CARE (FOR COMMUNITY PHARMACY):**

**metoclopramide 10-20 mg PO** every 4 hours as needed

**acyclovir 800 mg PO** once daily until one month post completion of bortezomib treatment

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  
CyBorD Regimen:

Name: \_\_\_\_\_  
HCN: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

**cyclophosphamide 300 - bortezomib 1.5 -  
dexamethasone 40 mg Cycles 2+ (Part II)**

ARIA Protocol Name: CyBor D 1.5  
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**

**CHEMOTHERAPY (FOR COMMUNITY PHARMACY):**

- dexamethasone 40 mg**
- Dose modification: **dexamethasone 40 mg - \_\_\_\_\_ % = \_\_\_\_\_ mg**
- PO pre bortezomib 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 pre bortezomib on day 1, 8, 15 and 22**

This prescription is NOT eligible for pharmacist prescribing by dispensing 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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