

**daratumumab 16 mg/kg -
bortezomib 1.3 -
dexamethasone 40 mg**

Regimen: Cycle 1 (Part I)
ARIA Protocol Name: Dara IV Bortez Dex
Adult Chemotherapy - Hematology Oncology
Multiple Myeloma



CC4430 0253 07 2022

Name: _____

HCN: _____

Date of Birth: _____

Allergies:

No Known

Date: DD/MONTH/YYYY

Planned Administration Date: DD/MONTH/YYYY

Cycle of **Cycle Duration: 21 days**

Date of previous cycle: DD/MONTH/YYYY

MAY PROCEED WITH DOSES AS WRITTEN IF:

- ANC **greater than or equal to** 1 X 10⁹/L and platelets **greater than or equal to** 50 X 10⁹/L, otherwise notify Hematologist.
- LFTs and Bilirubin assessed.
- Creatinine clearance assessed.
- Neurotoxicity assessment completed

PREMEDICATIONS (FOR HOSPITAL PHARMACY):

- allopurinol 300 mg PO on day 1
- 60 minutes prior to daratumumab: dexamethasone 20 mg IV in 50 mL normal saline over 15 minutes on day 1
- 60 minutes prior to daratumumab: acetaminophen 650 mg PO on day 1, 8 and 15
- 60 minutes prior to daratumumab: diphenhydrAMINE 50 mg IV in 50 mL normal saline over 15 minutes on day 1
- 60 minutes prior to daratumumab: diphenhydrAMINE 50 mg PO on day 8 and 15
- 60 minutes prior to daratumumab: famotidine 20 mg IV in 100 mL normal saline over 15 minutes on day 1
- 60 minutes prior to daratumumab: montelukast 10 mg PO on day 1
- Other: _____

HYDRATION/SUPPORTIVE CARE (FOR HOSPITAL PHARMACY):

- acetaminophen 650 mg PO 4 hours after the start of the daratumumb infusion on day 1
- diphenhydrAMINE 50 mg PO/IV 4 hours after the start of the daratumumb infusion on day 1
- acetaminophen 650 mg PO every 4 hours PRN on day 1
- diphenhydrAMINE 50 mg PO/IV every 4 hours PRN on day 1
- dexamethasone 20 mg PO on day 2
- 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 16 mg/kg -
bortezomib 1.3 -
dexamethasone 40 mg**

Regimen: Cycle 1 (Part II)
ARIA Protocol Name: Dara IV Bortez Dex
Adult Chemotherapy - Hematology Oncology
Multiple Myeloma

Name: _____

HCN: _____

Date of Birth: _____



CC4430 0253 07 2022

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

HYDRATION/SUPPORTIVE CARE (FOR COMMUNITY PHARMACY):

- allopurinol 300 mg PO** once daily on days 2 to 5
- acyclovir 800 mg PO** once daily until 4 weeks post completion of daratumumab/bortezomib treatment
- Other: _____

CHEMOTHERAPY (FOR HOSPITAL PHARMACY):

- bortezomib 1.3 mg/m² X BSA = _____ mg**
 - Dose modification: **bortezomib 1.3 mg/m² X BSA - _____ % = _____ mg**
 - SC** on day 1, 8, and 15
- 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 and 15 (1000 mL if infusion reaction during 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 and 15: 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: 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

CHEMOTHERAPY (FOR COMMUNITY PHARMACY):

- dexamethasone 40 mg PO** 60 minutes pre daratumumab on day 8 and 15

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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