

**daratumumab 16 mg/kg -  
bortezomib 1.3 -  
dexamethasone 20 mg**

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



CC4360 0246 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 10<sup>9</sup>/L and platelets **greater than or equal to** 50 X 10<sup>9</sup>/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 daratumumab infusion on day 1
- diphenhydrAMINE 50 mg PO/IV 4 hours after the start of the daratumumab 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 8 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: \_\_\_\_\_

THIS IS A CONTROLLED DOCUMENT. PLEASE ENSURE THAT YOU ARE READING THE MOST RECENT VERSION.



Doctor's Order Sheet  
**daratumumab 16 mg/kg -  
bortezomib 1.3 -  
dexamethasone 20 mg**

Regimen: Cycle 1 (Part II)  
**ARIA Protocol Name:** Dara IV Bortez Dex (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) = \_\_\_\_\_

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

- allopurinol 300 mg PO** 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/m<sup>2</sup> X BSA = \_\_\_\_\_ mg**
  - Dose modification: **bortezomib 1.3 mg/m<sup>2</sup> 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 20 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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