

**daratumumab 16 mg/kg -
lenalidomide 25 mg -
dexamethasone 20 mg**

Regimen: Cycle 1 (Part I)

ARIA Protocol Name: Dara IV Len Dex (age and comorbidities)

Adult Chemotherapy - Hematology Oncology

Multiple Myeloma



CC5840 0394 07 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 X 10⁹/L and platelets **greater than or equal to** 50 X 10⁹/L, otherwise notify Hematologist.
- LFTs and Bilirubin assessed.
- Creatinine clearance assessed.

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, 15 and 22
- 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 8,15 and 22
- 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

Other: _____

HYDRATION/SUPPORTIVE CARE (FOR COMMUNITY PHARMACY):

- allopurinol 300 mg PO** once daily on days 2 to 5
- acetylsalicylic acid 81 mg PO** once daily continuously while taking lenalidomide
- acyclovir 800 mg PO** once daily until 4 weeks post completion of daratumumab 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: _____

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Doctor's Order Sheet

**daratumumab 16 mg/kg -
lenalidomide 25 mg -
dexamethasone 20 mg**

Regimen: Cycle 1 (Part II)

ARIA Protocol Name: Dara IV Len Dex (age and comorbidities)

Adult Chemotherapy - Hematology Oncology

Multiple Myeloma

Name: _____

HCN: _____

Date of Birth: _____



CC5840 0394 07 2022

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

CHEMOTHERAPY (FOR HOSPITAL PHARMACY):

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

CHEMOTHERAPY (FOR COMMUNITY PHARMACY):

dexamethasone 8 mg PO on day 2

dexamethasone 20 mg PO 60 minutes pre daratumumab on day 8, 15 and 22

lenalidomide 25 mg PO once daily on days 1 to 21 (ensure patient enrolled in managed access program)

Dose modification: **lenalidomide 20 mg PO** once daily on days 1 to 21

Dose modification: **lenalidomide 15 mg PO** once daily on days 1 to 21

Dose modification: **lenalidomide 10 mg PO** once daily on days 1 to 21

Dose modification: **lenalidomide 15 mg PO** every other day on days 1 to 21

Dose modification: **lenalidomide 5 mg PO** once daily on days 1 to 21

Dose modification: **lenalidomide 2.5 mg PO** once daily on days 1 to 21

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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