

**daratumumab-hyaluronidase  
1800 mg -  
bortezomib 1.3 -  
dexamethasone 20 mg**

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

Name: \_\_\_\_\_

HCN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_



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<b>Allergies:</b>		<input type="checkbox"/> <b>No Known</b>
Date: <u>DD/MONTH/YYYY</u>	Planned Administration Date: <u>DD/MONTH/YYYY</u>	
Cycle _____ of _____	<b>Cycle Duration: 21 days</b>	Date of previous cycle: <u>DD/MONTH/YYYY</u>
<b>MAY PROCEED WITH DOSES AS WRITTEN IF:</b>		
<ul style="list-style-type: none"> <li>ANC greater than or equal to <math>1 \times 10^9/L</math> and platelets greater than or equal to <math>50 \times 10^9/L</math>, otherwise notify Hematologist.</li> <li>LFTs and Bilirubin assessed.</li> <li>Creatinine clearance assessed.</li> <li>Neurotoxicity assessment completed</li> </ul>		
<b>PREMEDICATIONS (FOR HOSPITAL PHARMACY):</b>		
<input type="checkbox"/> allopurinol 300 mg PO on day 1		
<input type="checkbox"/> 60 minutes prior to daratumumab-hyaluronidase: dexamethasone 20 mg PO on day 1		
<input type="checkbox"/> 60 minutes prior to daratumumab-hyaluronidase: acetaminophen 650 mg PO on day 1, 8 and 15		
<input type="checkbox"/> 60 minutes prior to daratumumab-hyaluronidase: diphenhydrAMINE 50 mg PO on day 1, 8 and 15		
<input type="checkbox"/> 60 minutes prior to daratumumab-hyaluronidase: montelukast 10 mg PO on day 1		
<input type="checkbox"/> Other: _____		
<b>HYDRATION/SUPPORTIVE CARE (FOR COMMUNITY PHARMACY):</b>		
<input type="checkbox"/> allopurinol 300 mg PO once daily on days 2 to 5		
<input type="checkbox"/> acyclovir 800 mg PO once daily until 4 weeks post completion of daratumumab/bortezomib treatment		
<input type="checkbox"/> metoclopramide 10-20 mg PO every 4 hours as needed		
<input type="checkbox"/> 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-hyaluronidase**

**1800 mg -**

**bortezomib 1.3 -**

**dexamethasone 20 mg** Regimen: Cycle 1 (Part II)

ARIA Protocol Name: Dara SC 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) =

**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-hyaluronidase 1800 mg**

**SC** on day 1, 8 and 15

Administer over 3 to 5 minutes into abdomen

First injection: Observe patient for 4 hours after daratumumab-hyaluronidase SC injection

Subsequent injections: If no reaction in previous injection, observe patient for 15 to 20 minutes after daratumumab-hyaluronidase SC injection

**CHEMOTHERAPY (FOR COMMUNITY PHARMACY):**

**dexamethasone 8 mg PO** once daily in the morning on day 2, 9 and 16

**dexamethasone 20 mg PO** 60 minutes pre daratumumab-hyaluronidase 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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