

**daratumumab-hyaluronidase  
1800 mg -  
cyclophosphamide 300 -  
bortezomib 1.3 - dexamethasone 40 mg**

Regimen: Cycle 1 (Part I)  
ARIA Protocol Name: Dara SC CyBorD Amyloidosis  
Adult Chemotherapy - Hematology Oncology  
Multiple Myeloma



CC4630 0273 01 2024

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**  $0.5 \times 10^9/L$  and platelets **greater than or equal to**  $50 \times 10^9/L$ , otherwise notify Hematologist.
- LFTs and Bilirubin assessed.
- Creatinine clearance assessed.
- Neurotoxicity assessment completed

**PREMEDICATIONS (FOR HOSPITAL PHARMACY):**

- 60 minutes prior to daratumumab-hyaluronidase: **dexamethasone 40 mg PO** on day 1
- 60 minutes prior to daratumumab-hyaluronidase: **diphenhydramine 50 mg PO/IV** on day 1, 8, 15 and 22
- 60 minutes prior to daratumumab-hyaluronidase: **acetaminophen 650 mg PO** on day 1, 8, 15 and 22
- 60 minutes prior to daratumumab-hyaluronidase: **montelukast 10 mg PO** on day 1
- Other: \_\_\_\_\_

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

- diphenhydramine 50 mg IV** every 4 hours PRN on day 1, 8, 15 and 22
- acetaminophen 650 mg PO** every 4 hours PRN on day 1, 8, 15 and 22

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

- acyclovir 800 mg PO** daily until one month post completion of daratumumab/bortezomib treatment
- metoclopramide 10-20 mg PO** every 4 hours PRN
- 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 -  
cyclophosphamide 300 -  
bortezomib 1.3 - dexamethasone 40 mg**

Regimen: Cycle 1 (Part II)  
ARIA Protocol Name: Dara SC CyBorD Amyloidosis  
Adult Chemotherapy - Hematology Oncology  
Multiple Myeloma



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

**CHEMOTHERAPY (FOR HOSPITAL PHARMACY):**

- cyclophosphamide 300 mg/m<sup>2</sup> X BSA = \_\_\_\_\_ mg** (cap dose at 500 mg)
  - Dose modification: **cyclophosphamide 300 mg/m<sup>2</sup> X BSA - \_\_\_\_\_ % = \_\_\_\_\_ mg** (cap dose at 500 mg)**PO** on day 1
  
- 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, 15 and 22
  
- daratumumab-hyaluronidase 1800 mg**  
**SC** on day 1, 8, 15 and 22

Administer over 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 40 mg**  
**PO** 60 minutes pre daratumumab-hyaluronidase on day 8, 15 and 22
  
- cyclophosphamide 300 mg/m<sup>2</sup> X BSA = \_\_\_\_\_ mg** (cap dose at 500 mg)
  - Dose modification: **cyclophosphamide 300 mg/m<sup>2</sup> X BSA - \_\_\_\_\_ % = \_\_\_\_\_ mg** (cap dose at 500 mg)**PO** on day 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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