

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

Regimen: Cycle 2 (Part I)  
ARIA Protocol Name: Dara SC CyBorD Amyloidosis  
Adult Chemotherapy - Hematology Oncology  
Multiple Myeloma

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

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

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



CC4640 0274 01 2024

<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 <u>      </u> of <u>      </u> Cycle Duration: <b>28 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 <b>greater than or equal to</b> 0.5 X 10<sup>9</sup>/L and platelets <b>greater than or equal to</b> 50 X 10<sup>9</sup>/L, 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"/> <b>60 minutes prior to daratumumab-hyaluronidase: diphenhydrAMINE 50 mg PO/IV</b> on day 1, 8, 15 and 22	
<input type="checkbox"/> <b>60 minutes prior to daratumumab-hyaluronidase: acetaminophen 650 mg PO</b> on day 1, 8, 15 and 22	
<input type="checkbox"/> Other: _____	
<b>HYDRATION/SUPPORTIVE CARE (FOR HOSPITAL PHARMACY):</b>	
<input type="checkbox"/> <b>diphenhydrAMINE 50 mg IV</b> every 4 hours PRN on day 1, 8, 15 and 22	
<input type="checkbox"/> <b>acetaminophen 650 mg PO</b> every 4 hours PRN on day 1, 8, 15 and 22	
<input type="checkbox"/> Other: _____	
<b>HYDRATION/SUPPORTIVE CARE (FOR COMMUNITY PHARMACY):</b>	
<input type="checkbox"/> <b>acyclovir 800 mg PO</b> daily until one month post completion of daratumumab/bortezomib treatment	
<input type="checkbox"/> <b>metoclopramide 10-20 mg PO</b> every 4 hours PRN	
<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 -  
cyclophosphamide 300 -  
bortezomib 1.3 - dexamethasone 40 mg**

Regimen: Cycle 2 (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):**

**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** pre daratumumab-hyaluronidase on day 1, 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 1, 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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