

**daratumumab-hyaluronidase
1800 mg -
cyclophosphamide 300 -
bortezomib 1.3 - dexamethasone 20 mg**

Regimen: Cycles 7+ (Part I)

ARIA Protocol Name: Dara SC CyBorD Amyloidosis (age and comorbidities)

Adult Chemotherapy - Hematology Oncology

Multiple Myeloma



CC6380 0448 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.

PREMEDICATIONS (FOR HOSPITAL PHARMACY):

60 minutes prior to daratumumab-hyaluronidase: diphenhydrAMINE 50 mg PO/IV on day 1

60 minutes prior to daratumumab-hyaluronidase: acetaminophen 650 mg PO on day 1

Other: _____

HYDRATION/SUPPORTIVE CARE (FOR HOSPITAL PHARMACY):

diphenhydrAMINE 50 mg IV every 4 hours PRN on day 1

acetaminophen 650 mg PO every 4 hours PRN on day 1

Other: _____

HYDRATION/SUPPORTIVE CARE (FOR COMMUNITY PHARMACY):

acyclovir 800 mg PO daily until one month post completion of daratumumab/bortezomib 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-hyaluronidase
1800 mg -
cyclophosphamide 300 -
bortezomib 1.3 - dexamethasone 40 mg**

Regimen: Cycles 7+ (Part II)

ARIA Protocol Name: Dara SC CyBorD Amyloidosis (age and comorbidities)

Adult Chemotherapy - Hematology Oncology

Multiple Myeloma



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

CHEMOTHERAPY (FOR HOSPITAL PHARMACY):

daratumumab-hyaluronidase 1800 mg

SC on day 1

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

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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