

**isatuximab 10 mg/kg -
pomalidomide 4 mg -
dexamethasone 20 mg**

Regimen: Cycles 2+ (Part I)

ARIA Protocol Name: Isatuximab Pomalidomide Dex (age & comorbidities)

Adult Chemotherapy - Hematology Oncology

Multiple Myeloma



CC6460 0456 02 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** 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):

- 30 minutes prior to isatuximab: acetaminophen 650 mg PO on day 1 and 15
- 30 minutes prior to isatuximab: diphenhydramine 50 mg PO on day 1 and 15
- 30 minutes prior to isatuximab: ranitidine 150 mg PO on day 1 and 15
- Other: _____

HYDRATION/SUPPORTIVE CARE (FOR HOSPITAL PHARMACY):

- Other: _____

HYDRATION/SUPPORTIVE CARE (FOR COMMUNITY PHARMACY):

- metoclopramide 10-20 mg PO every 4 to 6 hours as needed
- acetylsalicylic acid 81 mg PO once daily continuously while taking pomalidomide
- acyclovir 800 mg PO once daily until 30 days post completion of isatuximab 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: _____

THIS IS A CONTROLLED DOCUMENT. PLEASE ENSURE THAT YOU ARE READING THE MOST RECENT VERSION.



Doctor's Order Sheet
isatuximab 10 mg/kg
pomalidomide 4 mg -
dexamethasone 20 mg

Regimen: Cycles 2+ (Part II)
ARIA Protocol Name: Isatuximab Pomalidomide Dex (age & comorbidities)
Adult Chemotherapy - Hematology Oncology
Multiple Myeloma

Name: _____
HCN: _____
Date of Birth: _____



CC6460 0456 02.2024

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

CHEMOTHERAPY (FOR HOSPITAL PHARMACY):
 isatuximab 10 mg/kg X weight (kg) = _____ mg
 IV in 250 mL normal saline over 30 minutes on day 1 and 15

CHEMOTHERAPY (FOR COMMUNITY PHARMACY):
 dexamethasone 20 mg
 PO in the morning on day 1, 8, 15 and 22 (30 minutes pre-isatuximab on day 1 and 15)
 pomalidomide 4 mg
 Dose modification: **pomalidomide 3 mg**
 Dose modification: **pomalidomide 2 mg**
 Dose modification: **pomalidomide 1 mg**
 PO once daily on days 1 to 21 (ensure patient enrolled in managed access program)

This prescription is NOT eligible for pharmacist prescribing by dispensing pharmacist

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Nurse's Name: _____ Date: DD/MONTH/YYYY Time: _____

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