

**isatuximab 10 mg/kg -
bortezomib 1.3 - lenalidomide
25 mg - dexamethasone 40 mg**

Regimen: Cycle 9-18 (Part I)

ARIA Protocol Name: Isatuximab Bortezomib Lenalidomide Dex Compassionate
Adult Chemotherapy - Hematology Oncology

Multiple Myeloma



CC7380 0558 05 2025

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** $1 \times 10^9/L$ and platelets **greater than or equal to** $50 \times 10^9/L$, otherwise notify Hematologist.
- LFTs and Bilirubin assessed.
- Creatinine clearance assessed.

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

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 lenalidomide
- 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: _____

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Doctor's Order Sheet

**isatuximab 10 mg/kg -
bortezomib 1.3 - lenalidomide
25 mg - dexamethasone 40 mg**

Regimen: Cycle 9-18 (Part II)

ARIA Protocol Name: Isatuximab Bortezomib Lenalidomide Dex Compassionate

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):

- 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 40 mg PO** on day 1, 8,15 and 22 (30 minutes pre-isatuximab on day 1 and 15)
- lenalidomide 25 mg PO** once daily on days 1 to 21 (ensure patient enrolled in managed access program)
 - Dose modification: **lenalidomide 20 mg PO** once daily on days 1 to 21
 - Dose modification: **lenalidomide 15 mg PO** once daily on days 1 to 21
 - Dose modification: **lenalidomide 10 mg PO** once daily on days 1 to 21
 - Dose modification: **lenalidomide 15 mg PO** every other day on days 1 to 21
 - Dose modification: **lenalidomide 5 mg PO** once daily on days 1 to 21
 - Dose modification: **lenalidomide 2.5 mg PO** once daily on days 1 to 21

This prescription is NOT eligible for pharmacist prescribing by dispensing pharmacist

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Authorized Prescriber's Signature: _____ ID #: _____

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

Nurse's Signature: _____

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