PROTOCOL CODE: MYDARCBDF (IV Cycle 1)

DOCTOR'S ORDERS

Ht _____**cm** **Wt** _____**kg** **BSA**_____**m²**

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

DATE: **To be given:** **Cycle #: 1**

****Ensure Red Blood Cell Phenotype **and Group and Screen** for all patients prior to Cycle 1****

☐ Delay treatment _____ week(s)

☐ **CBC & Diff**, **platelets** day of treatment

Proceed with all medications for entire cycle as written, if within 96 hours of Day 1: **ANC greater than or equal to 0.5 x 10^9/L, platelets greater than or equal to 50 x 10^9/L, total bilirubin less than or equal to 1.5 x upper limit of normal, and eGFR or creatinine clearance per protocol**

Dose modification for: ☐ **Hematology:** _____ ☐ **Other Toxicity:** _____

Proceed with treatment based on blood work from _____

CHEMOTHERAPY:

CYCLOPHOSPHAMIDE

☐ **cyclophosphamide 500 mg** PO once weekly in the morning on Days 1, 8, 15 and 22. Dispense ____ cycles.

OR

☐ **cyclophosphamide** _____ **mg** PO once weekly in the morning on Days _____ Dispense ____ cycles.

OR

☐ **cyclophosphamide 50 mg** PO once in the morning every 2 days for _____ doses. Dispense ____ cycles.

BORTEZOMIB

- Per physician's clinical judgement, physician to ensure prophylaxis with valACYclovir 500 mg PO daily

bortezomib ☐**1.5 mg/m²** or ☐**1.3 mg/m²** or ☐**1 mg/m²** or ☐**0.7 mg/m²** or ☐**0.5 mg/m²** *(select one)* x BSA =_____mg subcutaneous injection weekly on Days 1, 8, 15 and 22

DOCTOR'S SIGNATURE:	**SIGNATURE:** **UC:**

DATE:

STEROID: RN to use patient's therapeutic steroid as pre-med for daratumumab - refer to protocol.

Standard Regimen: daratumumab full dose administered on Cycle 1 Day 1

☐ **dexamethasone** ☐ **40 mg or** ☐ **20 mg** PO before daratumumab on Days 1, 8, 15 and 22
OR
☐ **predniSONE 100 mg** PO before daratumumab on Days 1, 8, 15, and 22

OR

Alternative Regimen: daratumumab split dose administered on Cycle 1 Day 1 and Day 2

☐**dexamethasone 20 mg** PO before daratumumab on Days 1 and 2, and **40 mg** before daratumumab on Days 8, 15, 22
OR
☐**dexamethasone 20 mg** PO before daratumumab on Days 1 and 2 and **20 mg** before daratumumab on Days 8, 15, 22
OR
☐ **predniSONE 50 mg** PO before daratumumab on Days 1 and 2, and **predniSONE 100 mg** before daratumumab on Days 8, 15, 22

****Have Hypersensitivity Reaction Tray and Protocol Available****

DARATUMUMAB

- Per physician's clinical judgement, physician to ensure prophylaxis with valACYclovir 500 mg PO daily

DARATUMUMAB PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm.

dexamethasone as ordered in steroid section

montelukast 10 mg PO prior to daratumumab on Day 1 (and Day 2 if on alternative regimen)

☐ **montelukast 10 mg** PO prior to daratumumab on Days 8, 15 and 22

acetaminophen 650 mg PO prior to each daratumumab. Repeat **acetaminophen 650 mg** PO every 4 hours when needed if IV infusion exceeds 4 hours

Select one of the following:

☐ **loratadine 10 mg** PO prior to each daratumumab, then **diphenhydrAMINE 50 mg** IV every 4 hours when needed

OR

☐ **diphenhydrAMINE 50 mg** ☐ PO or ☐ IV prior to each daratumumab.
Repeat **diphenhydrAMINE 50 mg** IV every 4 hours when needed

DOCTOR'S SIGNATURE:	**SIGNATURE:** **UC:**

DATE:

****Have Hypersensitivity Reaction Tray and Protocol Available****

Standard regimen: daratumumab full dose administered on Cycle 1 Day 1

☐ **CYCLE 1, Day 1:**

daratumumab (First dose) 16 mg/kg x _____ kg = _____mg IV in 1000 mL NS (use 0.2 micron in-line filter)

OR

Alternative regimen: daratumumab split dose administered on Cycle 1 Day 1 and Day 2

☐ **CYCLE 1, Days 1 and 2**

daratumumab 8 mg/kg x _____ kg = _____mg IV in 500 mL NS (use 0.2 micron in-line filter)

Infusion rate for Day 1, (and Day 2, if Alternative regimen):

Start at 50 mL/h. If no infusion-related reactions after 60 minutes, increase by 50 mL/h every 60 minutes to a maximum rate of 200 mL/h
If BP falls to less than 80/50 mmHg or pulse increases to greater than 120 or if flushing, dyspnea, chills, rash, pruritis, vomiting, chest pain, throat tightness, cough, wheezing, or any other new acute discomfort occurs, stop daratumumab infusion and page physician.

Vitals monitoring:
Vital signs immediately before the start of infusion, then every 30 minutes x 4, then every 1-2 hours until the end of infusion and at 30 minutes post infusion. Observe patient for 30 minutes after each daratumumab infusion.

CYCLE 1, Day 8:
daratumumab 16 mg/kg x _____ kg = _____mg IV in 500 mL NS (use 0.2 micron in-line filter)

Infusion rate: Physician to determine rate of infusion

If no reaction in the previous infusion or reaction is Grade 2 or less:

☐ Start at 200 mL/h. If no infusion-related reactions after 30 minutes, infuse the remainder at 450 mL/h (Rapid infusion)

OR

If reaction in the previous infusion is Grade 3:

☐ Start at 50 mL/h. If no infusion-related reactions after 60 minutes, increase by 50 mL/h every 60 minutes to a maximum rate of 200 mL/h (Slow Infusion).

Vitals monitoring:
Vital signs immediately before the start, at the end of the infusion and as needed. Observe patient for 30 minutes after infusion

DOCTOR'S SIGNATURE:	**SIGNATURE:** **UC:**

PROTOCOL CODE: MYDARCBDF (IV Cycle 1)

DATE:

****Have Hypersensitivity Reaction Tray and Protocol Available****

DARATUMUMAB continued

CYCLE 1, Days 15 and 22

daratumumab 16 mg/kg x _____ kg = _____mg IV in 500 mL NS (use 0.2 micron in-line filter)

Infusion rate for Days 15 and 22: Physician to determine rate of infusion

If no reaction in the previous infusion or reaction is Grade 2 or less:

☐ Start at 200 mL/h. If no infusion-related reactions after 30 minutes, infuse the remainder at 450 mL/h (Rapid infusion)

OR

If reaction in the previous infusion is Grade 3:

☐ Start at 100 mL/h. If no infusion-related reactions after 60 minutes, increase by 50 mL/h every 60 minutes to a maximum rate of 200 mL/h. Refer to protocol for modified starting rate if previous infusion reactions were experienced during infusion rate of greater than or equal to 100 mL/h. (Slow infusion)

Vitals monitoring:

Vital signs immediately before the start, at the end of the infusion and as needed. Observe patient for 30 minutes after infusion. (Vitals and observation post-infusion not required after 3 treatments with no reaction).

RETURN APPOINTMENT ORDERS

☐ STANDARD REGIMEN: For Cycle 1, book chemo on Days 1, 8, 15 and 22
☐ ALTERNATIVE REGIMEN: For Cycle 1, book chemo on Days 1, 2, 8, 15 and 22
For Cycle 2 book chemo on Days 1, 8, 15, 22
Return in **four** weeks for Doctor and Cycle 2

CBC & Diff, platelets, creatinine, urea, sodium, potassium, total bilirubin, ALT, alkaline phosphatase, calcium, albumin, LDH, random glucose, serum protein electrophoresis *and* serum free light chain levels every 4 weeks

☐ **Urine protein electrophoresis** every 4 weeks
☐ **Immunoglobulin panel (IgA, IgG, IgM)** every 4 weeks
☐ **Beta-2 microglobulin** every 4 weeks
☐ **CBC & Diff, platelets** Days 8, 15, 22
☐ **Creatinine, sodium, potassium** Days 8, 15, 22
☐ **Total bilirubin, ALT, alkaline phosphatase** Days 8, 15, 22
☐ **Random glucose** Days 8, 15, 22
☐ **Calcium, albumin** Days 8, 15, 22
☐ See general orders sheet for additional requests
☐ Other tests:
☐ Consults

DOCTOR'S SIGNATURE:

SIGNATURE:
UC: