

PROTOCOL CODE: MYDARCBDF (subcut)
(Page 1 of 3)

DOCTOR'S ORDERS			Ht _____ cm	Wt _____ kg	BSA _____ m ²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form					
DATE:	To be given:	Cycle #:			
Date of Previous Cycle: _____					
****Ensure Red Blood Cell Phenotype and Group and Screen for all patients prior to Cycle 1****					
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> 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: <input type="checkbox"/> Hematology: _____ <input type="checkbox"/> Other Toxicity: _____					
Proceed with treatment based on blood work from _____					
CHEMOTHERAPY:					
CYCLOPHOSPHAMIDE – Cycles 1 to 9					
<input type="checkbox"/> cyclophosphamide 500 mg PO once weekly in the morning on Days 1, 8, 15 and 22. Dispense ____ cycles. OR <input type="checkbox"/> cyclophosphamide _____ mg PO once weekly in the morning on Days _____ Dispense ____ cycles. OR <input type="checkbox"/> cyclophosphamide 50 mg PO once in the morning every 2 days for _____ doses. Dispense ____ cycles					
BORTEZOMIB – Cycles 1 to 9					
<ul style="list-style-type: none"> Per physician's clinical judgement, physician to ensure prophylaxis with valACYclovir 500 mg PO daily 					
bortezomib <input type="checkbox"/> 1.5 mg/m ² or <input type="checkbox"/> 1.3 mg/m ² or <input type="checkbox"/> 1 mg/m ² or <input type="checkbox"/> 0.7 mg/m ² or <input type="checkbox"/> 0.5 mg/m ² (select one) x BSA = _____ mg subcutaneous injection weekly on Days 1, 8, 15 and 22					
STEROID: RN to use patient's therapeutic steroid (if applicable) as pre-med for daratumumab - refer to protocol					
Cycles 1 to 9					
<input type="checkbox"/> dexamethasone <input type="checkbox"/> 40 mg or <input type="checkbox"/> 20 mg PO once weekly on Days 1, 8, 15 and 22. Take dose prior to daratumumab and on weeks without daratumumab, take dose in the morning, OR <input type="checkbox"/> dexamethasone _____ mg PO once weekly on Days 1, 8, 15 and 22. Take dose prior to daratumumab and on weeks without daratumumab, take dose in the morning, OR <input type="checkbox"/> predniSONE _____ mg PO once weekly on Days 1, 8, 15 and 22. Take dose prior to daratumumab and on weeks without daratumumab, take dose in the morning <input type="checkbox"/> No steroid					
DOCTOR'S SIGNATURE:				SIGNATURE:	
				UC:	

PROTOCOL CODE: MYDARCBDF (subcut)
(Page 2 of 3)

DATE:

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

Insert a peripheral IV and saline lock for Cycle 1 Day 1 only for use in the event of a hypersensitivity reaction.

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 Cycle 1 Day 1

montelukast 10 mg PO prior to each daratumumab

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

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

DARATUMUMAB

CYCLE # 1, Days 1, 8, 15 and 22:

daratumumab subcut 1800 mg (fixed dose in 15 mL) **subcutaneously** into abdomen over 5 minutes*

CYCLE # 2, Days 1, 8, 15 and 22:

daratumumab subcut 1800 mg (fixed dose in 15 mL) **subcutaneously** into abdomen over 5 minutes*

CYCLES 3 to 6, Days 1 and 15:

daratumumab subcut 1800 mg (fixed dose in 15 mL) **subcutaneously** into abdomen over 5 minutes*

CYCLES 7 to 9, Day 1:

daratumumab subcut 1800 mg (fixed dose in 15 mL) **subcutaneously** into abdomen over 5 minutes*

CYCLE 10 onwards, Day 1:

daratumumab subcut 1800 mg (fixed dose in 15 mL) **subcutaneously** into abdomen over 5 minutes*

x ____ **cycle(s)** (max 3 cycles)

*Observe patient for 1 hour after administration on Day 1 of Cycle 1 only. For patients switching from IV daratumumab, observe for 30 minutes after the first subcutaneous dose. Observation not required on subsequent doses unless requested by physician. Vital signs immediately prior to and at the end of injection, and at end of observation period of first injection only, and as needed.

NB: During treatment with subcutaneous daratumumab, administer other subcutaneous drugs at alternative injection sites whenever possible.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:



Provincial Health Services Authority

Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BC Cancer treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care

PROTOCOL CODE: MYDARCBDF (subcut)

(Page 3 of 3)

DATE:	
RETURN APPOINTMENT ORDERS	
<p>For Cycles 1 to 9 book chemo on Days 1, 8, 15, 22 For Cycles 10 and subsequent, book chemo on Day 1</p> <p><input type="checkbox"/> Return in four weeks for Doctor and Cycle _____</p> <p><input type="checkbox"/> Return in eight weeks for Doctor and Cycles _____ and _____. Book chemo x 2 cycles.</p> <p><input type="checkbox"/> Return in twelve weeks for Doctor and Cycles _____, _____ and _____. Book chemo x 3 cycles</p> <p><input type="checkbox"/> Last Cycle. Return in _____ week(s).</p>	
<p>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</p> <p><input type="checkbox"/> Urine protein electrophoresis every 4 weeks</p> <p><input type="checkbox"/> Immunoglobulin panel (IgA, IgG, IgM) every 4 weeks</p> <p><input type="checkbox"/> Beta-2 microglobulin every 4 weeks</p> <p><input type="checkbox"/> CBC & Diff, platelets Days 8, 15, 22</p> <p><input type="checkbox"/> Creatinine, sodium, potassium Days 8, 15, 22</p> <p><input type="checkbox"/> Total bilirubin, ALT, alkaline phosphatase Days 8, 15, 22</p> <p><input type="checkbox"/> Random glucose Days 8, 15, 22</p> <p><input type="checkbox"/> Calcium, albumin Days 8, 15, 22</p> <p><input type="checkbox"/> See general orders sheet for additional requests</p> <p><input type="checkbox"/> Other tests:</p> <p><input type="checkbox"/> Consults</p>	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: