PROTOCOL CODE: LYDARCBDF

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****

☐ Delay treatment _____ week(s)

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

- Proceed with bortezomib dose day 1 as written, if within 96 hours **ANC greater than or equal to 0.5 x 10^9/L, platelets greater than or equal to 30 x 10^9/L, bilirubin less than or equal to 1.5 x upper limit of normal**
- If CBC prior to day 1 show ANC less than 1.5 x 10^9/L or platelets less than 100 x 10^9/L then:
  - May proceed with bortezomib Days 8, 15, 22 as written, if within 48 hours **ANC greater than or equal to 0.5 x 10^9/L, platelets greater than or equal to 30 x 10^9/L**
- Proceed with cyclophosphamide dose as written, for entire cycle, if day 1 lab is within 96 hours **ANC greater than or equal to 1.0 x 10^9/L, platelets greater than or equal to 80 x 10^9/L and CrCl greater than or equal to 10 mL/min**
- Proceed with daratumumab day 1 dose as written, if within 96 hours (or within 48 hours for day 15) **ANC greater than or equal to 1.0 x 10^9/L, platelets greater than or equal to 50 x 10^9/L**

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

Proceed with treatment based on blood work from _____

CHEMOTHERAPY:

CYCLOPHOSPHAMIDE – Cycles 1 to 6

cyclophosphamide 300 mg/m^2/day x BSA x (_____%) = _____mg PO weekly on days 1, 8, 15 and 22 (maximum dose 500 mg, round to nearest 25 mg)

BORTEZOMIB – Cycles 1 to 6

- If patient is VZV seropositive and/or at physician's clinical judgement, physician to ensure prophylaxis with valACYclovir 500 mg daily while on bortezomib and/or daratumumab and for four weeks after discontinuation

bortezomib ☐ **1.3 mg/m^2** or ☐ **1 mg/m^2** or ☐ **0.7 mg/m^2** 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 6

☐ **dexamethasone** ☐ **40 mg** or ☐ **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*

☐ **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*

☐ **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

☐ No steroid

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

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

If patient is VZV seropositive and/or at physician's clinical judgement, physician to ensure prophylaxis with valACYclovir 500 mg daily while on bortezomib and/or daratumumab and for 4 weeks after discontinuation

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 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:**

DATE:	
RETURN APPOINTMENT ORDERS	
For Cycles 1 to 6 book chemo on days 1, 8, 15, 22 For Cycles 7 and subsequent, book chemo on day 1 ☐ Return in **four** weeks for Doctor and Cycle _____ ☐ Return in **eight** weeks for Doctor and Cycles _____ and _____. Book chemo x 2 cycles. ☐ Return in **twelve** weeks for Doctor and Cycles _____, _____ and _____. Book chemo x 3 cycles ☐ Last Cycle. Return in _____ week(s).	
Laboratory: Blood work done prior to next cycle must be done less than or equal to 4 days prior to the start date **Prior to each cycle:** CBC & diff, platelets, sodium, potassium, creatinine, calcium, ALT, bilirubin, alkaline phosphatase, albumin, serum protein electrophoresis, serum free light chain levels, urine protein electrophoresis, troponin I cardiac high sensitivity, NT-pro BNP, albumin creatinine ratio urine If clinically indicated: ☐ immunoglobulin panel **Cycles 1 to 6:** **Day 15:** CBC & Diff, platelets CBC & Diff, platelets on Day 8, 15, and 22 for current cycle if ANC on Day 1 is less than 1.5 or Platelets are less than 100: ☐ **CBC & Diff, platelets** prior to Day 8, 15, and 22 treatment If clinically indicated: ☐ sodium, potassium ☐ ALT ☐ bilirubin ☐ creatinine ☐ See general orders sheet for additional requests ☐ Other tests: ☐ Consults	
DOCTOR'S SIGNATURE:	**SIGNATURE:** **UC:**