A BC Cancer “Compassionate Access Program” request form must be completed and approved prior to treatment.

<table>
<thead>
<tr>
<th>DOCTOR’S ORDERS</th>
<th>Ht________ cm</th>
<th>Wt________ kg</th>
<th>BSA________ m²</th>
</tr>
</thead>
</table>

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 bortezomib dose day 1 as written, if within 96 hours **(or within 48 hours for day15)** ANC greater than or equal to 0.5 x 10⁹/L, platelets greater than or equal to 30 x 10⁹/L, bilirubin less than or equal to 1.5 x upper limit of normal
  - Proceed with cyclophosphamide dose (if using) as written, for entire cycle, if day 1 lab is within 96 hours **ANC greater than or equal to 1.0 x 10⁹/L, platelets greater than or equal to 80 x 10⁹/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 day15)** ANC greater than or equal to 1.0 x 10⁹/L, platelets greater than or equal to 50 x 10⁹/L

Dose modification for: ☐ Hematology: ___________________ ☐ Other Toxicity: ____________________

Proceed with treatment based on blood work from __________________________

CHEMOTHERAPY:

☐ CYCLOPHOSPHAMIDE

**cyclophosphamide 300 mg/m²/day x BSA x (__________%) = __________mg PO weekly** on days 1, 8, 15 of a 28 day cycle (maximum dose 500 mg and round to nearest 25 mg)

BORTEZOMIB

- 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/m² or 1 mg/m² or 0.7 mg/m² (circle one) x BSA = ________ mg SC injection on days 1, 8, 15 and 22**

DOCTOR’S SIGNATURE: ☐ SIGNATURE:

UC:
**DATE:**

**DEXAMETHASONE:**  

***Refer to table 1 in protocol for steroid dosing***

RN to use patient’s steroid as pre-med for daratumumab—refer to protocol. May use IV dexamethasone if PO dexamethasone not available

☐ For patients on 40 mg of weekly therapeutic dexamethasone:  

**dexamethasone 20 mg** PO in the morning with food on days 1, 2, 8, 9, 15, 16, 22, 23

*OR*

☐ For patients on 20 mg or less of weekly therapeutic dexamethasone  

**dexamethasone 20 mg** PO in the morning with food on days 1, 8, 15, 22 and **dexamethasone 8 mg** in the morning on days 2, 9, 16, 23

*OR*

☐ predniSONE 50 mg PO OR methylPREDNISolone 50 mg IV (circle one) in the morning on days 1, 8, 15, 22 and predniSONE 50 mg in the morning on days 2, 9, 16, 23

*OR*

☐ No therapeutic steroid group—**dexamethasone 20 mg** PO in the morning with food on days 1, 8, 15, 22 and **dexamethasone 8 mg** in the morning with food on days 2, 9, 16, 23

**Have Hypersensitivity Reaction Tray and Protocol Available**

**DARATUMUMAB**

**DARATUMUMAB PREMEDICATIONS:**  

Patient to take own supply. RN/Pharmacist to confirm ______________________.  

60 minutes prior to daratumumab:  

**dexamethasone** as ordered in dexamethasone section

**montelukast 10 mg** PO

**acetaminophen 650 mg** PO prior to each daratumumab. Repeat acetaminophen every 4 hours x 1 dose during infusion on day 1 of cycle 1 only, then every 4 hours when needed for fever

**diphenhydRAMINE 25-50 mg** PO/IV prior to each daratumumab. Repeat diphenhydramine every 4 hours x 1 dose during the infusion on day 1 of cycle 1 only, then every 4 hours when needed for allergic reaction.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

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

**DATE:**

<table>
<thead>
<tr>
<th>DARATUMUMAB cont’d</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nursing requirements for D1, (D2 if alternative regimen):</strong></td>
</tr>
<tr>
<td>Start at 50 mL/hour. If no infusion-related reactions after 60 minutes, increase by 50 mL/hour every 60 minutes to a maximum rate of 200 mL/hour</td>
</tr>
<tr>
<td>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</td>
</tr>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

**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)

**Nursing requirements for D8:** Start at 50 mL/hour. If no infusion-related reactions after 60 minutes, increase by 50 mL/hour every 60 minutes to a maximum rate of 200 mL/hour. Vital signs immediately before the start, at the end of the infusion and as needed. Observe patient for 30 minutes after infusion.

<table>
<thead>
<tr>
<th>CYCLE 1, Day 8</th>
</tr>
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<tbody>
<tr>
<td>daratumumab 16 mg/kg x ________ kg = __________mg IV in 500 mL NS (use 0.2 micron in-line filter) <strong>OR</strong></td>
</tr>
<tr>
<td>For patients on Standard regimen AND experienced infusion reaction on day 1: daratumumab 16mg/kg x ________ kg= __________mg IV in 1000 mL NS (use 0.2 micron in-line filter). Refer to protocol for rate.</td>
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</tbody>
</table>

**Nursing requirements for D15 and D22:**

Start at 100 mL/h. If no infusion-related reactions after 60 minutes, increase by 50 mL/hour every 60 minutes to a maximum rate of 200 mL/hour. 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. Vital signs immediately before the start, at the end of the infusion and as needed. Observe patient for 30 minutes after infusion.

<table>
<thead>
<tr>
<th>CYCLE 1, Days 15 and 22</th>
</tr>
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<tbody>
<tr>
<td>daratumumab 16 mg/kg x ________ kg = __________mg IV in 500 mL NS (use 0.2 micron in-line filter)</td>
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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 chemo on days 1, 8, 15, 22
Return in four weeks for Doctor and Cycle 2

Laboratory: Blood work done prior to next cycle must be done less than or equal to 4 days prior to the start date
Red Blood Cell phenotype and Group and Screen prior to cycle 1

Day 1: CBC & Diff, platelets, sodium, potassium, creatinine, calcium, ALT, bilirubin
Day 1: Serum Protein Electrophoresis and/or Serum Free Light Chain Levels (CIRCLE APPROPRIATE)
Cycle 1 Day 15: CBC & Diff, platelets
☐ Sodium, Potassium ☐ ALT ☐ Creatinine ☐ bilirubin

☐ See general orders sheet for additional requests

☐ Other tests:

☐ Consults

DOCTOR'S SIGNATURE:  

SIGNATURE: 

UC: