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

**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 #:**

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 (or within 48 hours for day 15) **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 day 15) **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 – Cycle 2 - 8

- **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)**

**BORZEZOMIB – Cycles 2 - 8**

- 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:__________________________
**Protocol Code: UMYDARBD (Cycle 2+)**

### 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.

<table>
<thead>
<tr>
<th>Cycle</th>
<th>Dosing Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cycle 2</strong></td>
<td></td>
</tr>
<tr>
<td>40 mg weekly</td>
<td>dexamethasone 40 mg PO in the morning on days 1, 8, 15, 22, OR</td>
</tr>
<tr>
<td>20 mg weekly</td>
<td>dexamethasone 20 mg PO in the morning on days 1, 8, 15, 22 OR</td>
</tr>
<tr>
<td>______ mg weekly</td>
<td>dexamethasone 20 mg PO in the morning on day 1, 8, 15, 22 OR</td>
</tr>
<tr>
<td>prednisone 100 mg PO OR methylprednisolone 100 mg IV (circle one)</td>
<td>in the morning on days 1, 8, 15, 22 OR</td>
</tr>
<tr>
<td>No therapeutic steroid - dexamethasone 20 mg PO in the morning with food on days 1, 8, 15, 22</td>
<td></td>
</tr>
<tr>
<td><strong>Cycles 3 to 4</strong></td>
<td></td>
</tr>
<tr>
<td>40 mg weekly</td>
<td>dexamethasone 40 mg PO in the morning on days 1, 8, 15, 22 OR</td>
</tr>
<tr>
<td>20 mg weekly</td>
<td>dexamethasone 20 mg PO in the morning on days 1, 8, 15, 22 OR</td>
</tr>
<tr>
<td>______ mg weekly</td>
<td>dexamethasone 20 mg PO in the morning on days 1, 15 and ______ mg PO on days 8, 22</td>
</tr>
<tr>
<td>prednisone 100 mg PO OR methylprednisolone 100 mg IV (circle one)</td>
<td>in the morning on days 1, 15 and prednisone 100 mg on days 8, 22</td>
</tr>
<tr>
<td>No therapeutic steroid - dexamethasone 20 mg in the morning with food on days 1, 15</td>
<td></td>
</tr>
<tr>
<td><strong>Cycles 5 to 8</strong></td>
<td></td>
</tr>
<tr>
<td>40 mg weekly</td>
<td>dexamethasone 40 mg PO in the morning on days 1, 8, 15, 22 OR</td>
</tr>
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<td>20 mg weekly</td>
<td>dexamethasone 20 mg PO in the morning on days 1, 8, 15, 22 OR</td>
</tr>
<tr>
<td>______ mg weekly</td>
<td>dexamethasone 20 mg PO in the morning on day 1 and ______ mg on days 8, 22</td>
</tr>
<tr>
<td>prednisone 100 mg PO OR methylprednisolone 100 mg IV (circle one)</td>
<td>in the morning on day 1 and prednisone 100 mg on days 8, 15, 22</td>
</tr>
<tr>
<td>No therapeutic steroid - dexamethasone 20 mg PO in the morning with food on day 1.</td>
<td></td>
</tr>
<tr>
<td><strong>Cycle 9 onwards</strong></td>
<td></td>
</tr>
<tr>
<td>40 mg weekly</td>
<td>dexamethasone 40 mg PO in the morning on day 1 OR</td>
</tr>
<tr>
<td>20 mg weekly</td>
<td>dexamethasone 20 mg PO in the morning on day 1 OR</td>
</tr>
<tr>
<td>______ mg weekly</td>
<td>dexamethasone 20 mg PO in the morning on day 1 OR</td>
</tr>
<tr>
<td>prednisone 100 mg PO OR methylprednisolone 100 mg IV (circle one)</td>
<td>in the morning on day 1</td>
</tr>
<tr>
<td>No therapeutic steroid - dexamethasone 20 mg PO in the morning with food on day 1.</td>
<td></td>
</tr>
</tbody>
</table>

**Doctor's Signature:**

**Signature:**

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

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 ____________________.

60 minutes prior to daratumumab:
- dexamethasone as ordered in dexamethasone section
- □ montelukast 10mg PO prior to each daratumumab
- acetaminophen 650 mg PO prior to each daratumumab. Repeat acetaminophen every 4 hours when needed for fever
- □ diphenhydRAMINE 25-50 mg PO/IV prior to each daratumumab. Repeat diphenhydramine every 4 hours when needed for allergic reaction

OR
- □ loratadine 10mg PO prior to each daratumumab, then diphenhydRAMINE 25-50mg PO/IV every 4 hours when needed for allergic reaction

DARATUMUMAB CYCLE 2, Days 1, 8, 15, and 22:
daratumumab 16 mg/kg x __________ kg = ___________mg IV in 500 mL NS (use 0.2 micron in-line filter)

DARATUMUMAB CYCLE 3-4, Days 1 and 15:
daratumumab 16 mg/kg x __________ kg = ___________mg IV in 500 mL NS (use 0.2 micron in-line filter)

DARATUMUMAB CYCLE 5 onwards, Day 1:
daratumumab 16 mg/kg x __________ kg = ___________mg IV in 500 mL NS (use 0.2 micron in-line filter)

Infusion rate for cycle 2 onwards: 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 (observation not required after 3 treatments with no reaction).

DOCTOR’S SIGNATURE: ___________________________ SIGNATURE: ___________________________

UC: ___________________________
<table>
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**RETURN APPOINTMENT ORDERS**

For Cycles 3 to 8 book chemo on days 1, 8, 15, 22
For Cycles 9 and subsequent, book chemo on day 1

- [ ] Return in **four** weeks for Doctor and Cycle ________
- [ ] 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

- **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)

**Cycles 2 to 4: Day 15:** CBC & Diff, platelets
- [ ] Sodium, Potassium
- [ ] ALT
- [ ] bilirubin
- [ ] Creatinine
- [ ] See general orders sheet for additional requests
- [ ] Other tests:
- [ ] Consults

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**