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](http://www.bccancer.bc.ca) and according to acceptable standards of care.

**PROTOCOL CODE: UMYDARLD (Cycle 1)**

A BC Cancer "Compassionate Access Program" request form must be completed and approved prior to treatment. Patient RevAid #__________

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## DOCTOR’S ORDERS

| Ht ______cm | Wt ______kg | BSA ______m² |

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

<table>
<thead>
<tr>
<th>DATE:</th>
<th>To be given:</th>
<th>Cycle #: 1</th>
</tr>
</thead>
</table>

Date of Previous Cycle: ____________________________________________

Risk Category: ☐ Female of Childbearing Potential (FCBP) Rx valid for 7 days
Risk Category: ☐ Male or Female of non-Childbearing Potential (NCBP)

****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
  - May proceed with daratumumab day 1 doses as written, if within 96 hours (or within 48h for days 8,15,22) **ANC greater than or equal to 1 x 10⁹/L, Platelets greater than or equal to 50 x 10⁹/L**
  - May proceed with lenalidomide doses as written, if within 96 hours **ANC greater than or equal to 1 x 10⁹/L, Platelets greater than or equal to 30 x 10⁹/L, eGFR as per protocol**

Dose modification for: ☐ Hematology: ________________ ☐ Other Toxicity: ________________

Proceed with treatment based on blood work from ________________

## CHEMOTHERAPY:

### LENALIDOMIDE

☐ lenalidomide* ______mg PO daily, in the evening, on days 1 to 21 and off for 7 days

☐ lenalidomide* ______mg PO ___________________________________________________________________

MITTE: (*available as 25 mg, 20mg, 15 mg, 10 mg, 5 mg and 2.5 mg capsules)

*Note: Use one capsule strength for the total dose; there are cost implications as costing is per capsule and not weight based

☐ FCBP dispense 21 capsules (1 cycle)

☐ For Male and Female NCBP: Mitte: 21 capsules (1 cycle).

**Physician to assure DVT prophylaxis in place: ASA, Warfarin, low molecular weight heparin or direct oral anticoagulant or none**

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**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**Physician Revaid ID:**

**UC:**
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**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

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

- [ ] dexamethasone 40 mg PO in the morning with food on days 1, 8, 15, 22
  - OR

- [ ] dexamethasone 20 mg PO in the morning with food on days 1, 8, 15, 22
  - OR

- [ ] predniSONE 100 mg PO OR methylPREDNISolone 100 mg IV (circle one) in the morning on days 1, 8, 15, 22
  - OR

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

- [ ] dexamethasone 20 mg PO in the morning with food on days 1 and 2, and 40mg on days 8, 15, 22
  - OR

- [ ] dexamethasone 20 mg PO in the morning with food on days 1, 2, 8, 15, 22
  - OR

- [ ] predniSONE 50 mg PO OR methylPREDNISolone 50 mg IV (circle one) in the morning on days 1 and 2, then predniSONE 100mg PO OR methylPREDNISolone 100 mg IV (circle one) on days 8, 15, 22

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**
DATE:

**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 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 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

  **OR**

  - **loratadine** 10mg PO prior to each daratumumab then **diphenhydramINE** 25-50mg PO/IV every 4 hours when needed for allergic reaction

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

**CYCLE 1, Day 1:**

- **daratumumab** (First dose) 16mg/kg x __________ kg = __________mg IV in 1000mL 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** 8mg/kg x __________ kg = __________mg IV in 500mL 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

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

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

| **CYCLE 1, Day 8:** |  
|---------------------|-----------------------------------------------|
| daratumumab 16mg/kg x _________ kg = _________ mg | IV in 500mL 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.

| **CYCLE 1, Days 15 and 22:** |  
|---------------------------|-----------------------------------------------|
| daratumumab 16mg/kg x _________ kg = _________ mg | IV in 500mL 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 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).
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PROTOCOL CODE: UMYDARLD (Cycle 1)

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**DATE:**

**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

**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

**Cycles 1-2:**

CBC & Diff, Platelets, Creatinine, Calcium every two weeks, TSH every three months

**Cycles 1-2:**

- **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)
- **Day 8, 15, 22:** CBC & Diff, platelets

- Sodium, Potassium
- ALT
- bilirubin
- Creatinine

- Pregnancy blood test for FCBP 7-14 days and 24 h prior to cycle 1 and every week for 4 weeks during cycle 1
- Pregnancy blood test for FCBP less than or equal to 7 days prior to cycle 2
- See general orders sheet for additional requests
- Other tests:
- Consults:

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

UC: