PROTOCOL CODE: UMYDARLD (Cycle 2+)

Patient RevAid #____________

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 #:

**Delay treatment _______ week(s)**

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

- May proceed with daratumumab day 1 doses as written, if within 96 hours **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: __________________________

**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, 20 mg, 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: _______ capsules. Maximum 63 capsules (3 cycles). Pharmacy to dispense one cycle at a time

**Physician to assure DVT prophylaxis in place: ASA or Warfarin or LMWH**

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**Physician Revaid ID:**

**UC:**
DATE:

**DEXAMETHASONE:**

- [ ] 40 mg PO weekly group – Pharmacy dispense *dexamethasone* 20 mg in the morning on days ____________ OR
- [ ] 20 mg PO weekly group– Pharmacy dispense *dexamethasone* 20 mg in the morning on days 1,8,15,22  OR
- [ ] _____ mg PO weekly group- Pharmacy dispense *dexamethasone* _____ mg in the morning on days 1,8,15,22 OR

- [ ] *prednisone* _____ mg PO (minimum 100mg) in the morning on days 1, 8,15, 22  
  (RN to give half the weekly *prednisone* dose pre-daratumumab and inform patient to take the remaining dose the next day on days of daratumumab infusion)  OR

- [ ] No Steroid – Pharmacy dispense *dexamethasone* 8mg in the morning with food on days ____________  
  (RN to give 20mg dexamethasone PO/IV (circle one) pre-daratumumab on days 1, 8, 15, 22)

*TOP up doses provided by RN pre-daratumumab infusion (for patients on weekly therapeutic dexamethasone dose of 20 mg or less)***

- [ ] Dexamethasone ________ mg PO/IV (circle one) (to top up to 20mg) on days _________________

Supportive dexamethasone doses if weekly therapeutic dexamethasone is 20 mg or less (pharmacy to provide):

- [ ] Dexamethasone 8 mg PO in the morning with food on days _________________

*Refer to table 1 in protocol and dexamethasone table in Appendix for steroid dosing***

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**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 daratumumab and for 4 weeks after discontinuation

**DARATUMUMAB PREMEDICATIONS:**
Patient to take own supply dispensed by pharmacy. RN/Pharmacist to confirm ________________.

60 minutes prior to daratumumab
1. Ensure patient has taken dexamethasone dose as ordered in dexamethasone section
2. Ensure patient has taken 10mg montelukast
   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

**Nursing requirements**
Start at 100mL/h. If no infusion-related reactions after 60 minutes, increase by 50mL/hour every 60 minutes to a maximum rate of 200mL/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 and at the end of the infusion. Observe patient for 30 minutes after infusion.

☐ **CYCLE 2, Days 1, 8, 15, and 22:**

\[
\text{daratumumab } 16\text{mg/kg} \times \text{_________ kg} = \text{_________ mg} \text{ IV in 500mL NS (use 0.2 micron in-line filter)}
\]

☐ **CYCLE 3-6, Days 1 and 15:**

\[
\text{daratumumab } 16\text{mg/kg} \times \text{_________ kg} = \text{_________ mg} \text{ IV in 500mL NS (use 0.2 micron in-line filter)}
\]

☐ **CYCLE 7 onwards:**

\[
\text{daratumumab } 16\text{mg/kg} \times \text{_________ kg} = \text{_________ mg} \text{ IV in 500mL NS (use 0.2 micron in-line filter) on Day 1}
\]

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**
Ensure patient is aware to take dexamethasone, montelukast, acetaminophen and diphenhydramine 60 minutes prior to infusion

For Cycles 3 to 6, book chemo on days 1 and 15
For Cycles 7 onwards, 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
TSH Every three months

Cycles 3-4:
CBC & Diff, Platelets, Creatinine, Calcium every two weeks

Cycles 3-6:
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 15: CBC & diff, platelets
☐ Sodium, Potassium ☐ ALT ☐ Creatinine ☐ bilirubin

Cycle 7 onwards:
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)
☐ Pregnancy blood test for FCBP, every 4 weeks, less than or equal to 7 days prior to the next cycle
☐ See general orders sheet for additional requests
☐ Other tests:
☐ Consults:

DOCTOR'S SIGNATURE:  
SIGNATURE:  
UC: