**PROTOCOL CODE: UMYSARLD (Cycle 2+)**

(Page 1 of 4)

Patient RevAid #____________

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

<table>
<thead>
<tr>
<th><strong>DOCTOR’S ORDERS</strong></th>
<th>Ht ____________cm</th>
<th>Wt ___________kg</th>
<th>BSA__________m²</th>
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REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

**DATE:**

To be given:                          Cycle #:

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 on 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: _______capsules or _______ cycles. Maximum 252 capsules (12 cycles).

Pharmacy to dispense one cycle at a time, maximum 3 cycles if needed

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

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<td>Physician Revaid ID:</td>
<td>UC:</td>
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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 and according to acceptable standards of care.

**PROTOCOL CODE: UMYDARLD (Cycle 2+) (Page 2 of 4)**

**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.

- **CYCLE 2**
  - 40 mg weekly - dexamethasone 40 mg PO in the morning on days 1, 8, 15, 22 OR
  - 20 mg weekly - dexamethasone 20 mg PO in the morning on days 1, 8, 15, 22 OR
  - ______ mg weekly - dexamethasone 20 mg PO in the morning 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
  - No therapeutic steroid - dexamethasone 20 mg PO in the morning with food on days 1, 8, 15, 22

- **CYCLES 3 to 6**
  - 40 mg weekly - dexamethasone 40 mg PO in the morning on days 1, 8, 15, 22 OR
  - 20 mg weekly - dexamethasone 20 mg PO in the morning on days 1, 8, 15, 22 OR
  - ______ mg weekly - dexamethasone 20 mg PO in the morning on days 1, 15, and ______ mg PO on days 8, 22
  - predniSONE 100 mg PO OR methylPREDNISolone 100 mg IV (circle one) in the morning on days 1, 15 and predniSONE 100 mg on days 8, 22
  - No therapeutic steroid - dexamethasone 20 mg in the morning with food on days 1, 15.

- **CYCLE 7 onward**
  - 40 mg weekly - dexamethasone 40 mg PO in the morning on days 1, 8, 15, 22 OR
  - 20 mg weekly - dexamethasone 20 mg PO in the morning on days 1, 8, 15, 22 OR
  - ______ mg weekly - dexamethasone 20 mg PO in the morning on day 1, and ______ mg on days 8, 15, 22
  - predniSONE 100 mg PO OR methylPREDNISolone 100 mg IV (circle one) in the morning on day 1, and predniSONE 100 mg on days 8, 15, 22
  - No therapeutic steroid - dexamethasone 20 mg PO in the morning with food on day 1
  - Mitte: ______________ doses or ______________ cycles

**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 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 3-6, 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 7 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 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 30minutes after infusion (observation not required after 3 treatments with no reaction).

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**DATE:**

**RETURN APPOINTMENT ORDERS**

For Cycles 3 to 6, book chemo on days 1 and 15

For Cycle 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

☐ bilirubin

☐ Creatinine

**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:**

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**UC:**