



Provincial Health Services Authority

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: MYDARLD (IV Cycle 2+)**

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Patient RevAid # \_\_\_\_\_

**DOCTOR'S ORDERS**

Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

**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

Proceed with all medications as written, if within 96 hours of Day 1: **ANC greater than or equal to 1 x 10<sup>9</sup>/L, platelets greater than or equal to 50 x 10<sup>9</sup>/L, and eGFR or creatinine clearance as per protocol**

Dose modification for:  **Hematology:** \_\_\_\_\_  **Other Toxicity:** \_\_\_\_\_

Proceed with treatment based on blood work from \_\_\_\_\_

**LENALIDOMIDE**

One cycle = 28 days

• Per physician's clinical judgement, physician to ensure prophylaxis with valACYclovir 500 mg PO daily

**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 63 capsules (3 cycles).

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

Physician to ensure DVT prophylaxis in place:  **ASA**,  **Warfarin**,  **low molecular weight heparin**,  **direct oral anticoagulant** or  **none** (select one)

**Pharmacy Use for**

Lenalidomide dispensing:

**Part Fill # 1**

**RevAid confirmation number:** \_\_\_\_\_

**Lenalidomide lot number:** \_\_\_\_\_

**Pharmacist counsel (initial):** \_\_\_\_\_

**Part Fill # 2**

**RevAid confirmation number:** \_\_\_\_\_

**Lenalidomide lot number:** \_\_\_\_\_

**Pharmacist counsel (initial):** \_\_\_\_\_

**Part Fill # 3**

**RevAid confirmation number:** \_\_\_\_\_

**Lenalidomide lot number:** \_\_\_\_\_

**Pharmacist counsel (initial):** \_\_\_\_\_

**Special Instructions**

**DOCTOR'S SIGNATURE:**

**Physician Revaid ID:** \_\_\_\_\_

**SIGNATURE:**

**UC:** \_\_\_\_\_



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**CYCLOPHOSPHAMIDE – Cycles 1 to 8** ( **Cycle 9 onwards optional**)

**cyclophosphamide 500 mg** PO once weekly in the morning on Days 1, 8, 15 and 22. Dispense \_\_\_\_ cycles.

OR

**cyclophosphamide** \_\_\_\_ mg PO once weekly in the morning on Days \_\_\_\_ Dispense \_\_\_\_ cycles.

OR

**cyclophosphamide 50 mg** PO once in the morning every 2 days for \_\_\_\_ doses. Dispense \_\_\_\_ cycles.

**STEROID (select one)\*** RN to use patient's therapeutic steroid (if applicable) as pre-med for daratumumab

**CYCLE #** \_\_\_\_ (Cycle 2 onwards)

**dexamethasone**  **40 mg** or  **20 mg** PO once weekly on Days 1, 8, 15 and 22. Take dose prior to daratumumab and on weeks without daratumumab, take dose in the morning x \_\_\_\_ doses OR number of 28 day cycles \_\_\_\_

OR

**dexamethasone** \_\_\_\_ mg PO once weekly on Days 1, 8, 15 and 22. Take dose prior to daratumumab and on weeks without daratumumab, take dose in the morning x \_\_\_\_ doses OR number of 28 day cycles \_\_\_\_

OR

**predniSONE** \_\_\_\_ mg PO once weekly on Days 1, 8, 15 and 22. Take dose prior to daratumumab and on weeks without daratumumab, take dose in the morning x \_\_\_\_ doses OR number of 28 day cycles \_\_\_\_

OR

No Steroid

\*Refer to Protocol for suggested dosing options

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DATE:

**\*\*Have Hypersensitivity Reaction Tray and Protocol Available\*\***

**DARATUMUMAB**

- Per physician's clinical judgement, physician to ensure prophylaxis with valACYclovir 500 mg PO daily

**DARATUMUMAB PREMEDICATIONS:** Patient to take own supply. RN/Pharmacist to confirm

**dexamethasone** as ordered in steroid section

**montelukast 10 mg** PO prior to each daratumumab

**acetaminophen 650 mg** PO prior to each daratumumab. Repeat **acetaminophen 650 mg** PO every 4 hours when needed

Select one of the following:

**loratadine 10 mg** PO prior to each daratumumab, then **diphenhydrAMINE 50 mg** IV every 4 hours when needed

**OR**

**diphenhydrAMINE 50 mg** PO or  IV prior to each daratumumab. Repeat **diphenhydrAMINE 50 mg** IV every 4 hours when needed

**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)

**CYCLE 3 to 6, Days 1 and 15:**

daratumumab 16 mg/kg x \_\_\_\_\_ kg = \_\_\_\_\_ mg IV in 500 mL NS (use 0.2 micron in-line filter) x \_\_\_\_\_ cycle(s) (max 2 cycles)

**CYCLE 7 onwards, Day 1:**

daratumumab 16 mg/kg x \_\_\_\_\_ kg = \_\_\_\_\_ mg IV in 500 mL NS (use 0.2 micron in-line filter) x \_\_\_\_\_ cycle(s) (max 3 cycles)

**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 (vitals and observation post- infusion not required after 3 treatments with no reaction).

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**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 \_\_\_\_\_
  - Return in **eight** weeks for Doctor and Cycles \_\_\_\_\_ and \_\_\_\_\_. Book chemo x 2 cycles.
  - Return in **twelve** weeks for Doctor and Cycles \_\_\_\_\_, \_\_\_\_\_ and \_\_\_\_\_.
- Book chemo x 3 cycles
- Last Cycle. Return in \_\_\_\_\_ week(s).

**CBC & Diff, platelets, creatinine, urea, sodium, potassium, total bilirubin, ALT, alkaline phosphatase, calcium, albumin, LDH, random glucose, serum protein electrophoresis and serum free light chain levels** every 4 weeks

**TSH** every three months (i.e. prior to Cycles 4, 7, 10, 13, 16 etc)

- Urine protein electrophoresis every 4 weeks
- Immunoglobulin panel (IgA, IgG, IgM) every 4 weeks
- Beta-2 microglobulin** every 4 weeks
- CBC & Diff, platelets** Days 8, 15, 22
- Creatinine, sodium, potassium** Days 8, 15, 22
- Total bilirubin, ALT, alkaline phosphatase** Days 8, 15, 22
- Random glucose** Days 8, 15, 22
- Calcium, albumin** Days 8, 15, 22
- Quantitative beta- hCG blood test for FCBP, every 4 weeks, less than or equal to 7 days prior to the next cycle
- Other tests:**
- Consults:**
- See general orders sheet for additional requests**

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**SIGNATURE:**

**UC:**