

Rota code: HROTA 400 Issue date: Sept 2023 Written by: Lisa Clapham
 Version no. 1 Valid until: Next review Checked by (Pharmacist) *[Signature]* Authorised by: Consultant: *[Signature]*
 Clinical Nurse Specialist: *[Signature]* Page: 1 of 4
 Reference: SPC

NHS
 University Hospitals Birmingham
 NHS Foundation Trust

D VTD - twice weekly bortezomib (SC daratumumab, bortezomib, thalidomide and dexamethasone) CYCLE 1 ONLY

MRN:	Ward/Unit:
Name:	
DOB:	Consultant:
Address:	

Hb	WBC	Neuts	Na ⁺	Ab	Height
					Weight
Pt			K ⁺	AlkP	BSA
				ALT	Date
Urea	Cr	GFR	Bil	TSH	Allergies:
				NA	
Ca	Mg			T4	
				NA	
Nature of allergy:					

Recorded by Date

Indication: For the treatment of adult patients with newly diagnosed multiple myeloma and severe renal impairment who are eligible for autologous stem cell transplant. Administered every 28 days.

Day No. Date	DRUG or ELECTROLYTE	CALCULATION	DOSE	IV FLUIDS	VOL. MLS.	ROUTE/FLOW RATE	SPECIAL DIRECTIONS/ ADMINISTRATION DETAILS	DRUG	TIME	Pharmacy
1	Dexamethasone		40mg*			PO	1 hour before daratumumab			
1	Paracetamol		1g			PO	1 hour before daratumumab			
1	Chlorphenamine		8mg			PO	1 hour before daratumumab			
1	Montelukast		10mg			PO				
1	DARATUMUMAB (and 30,000 units of humanised hyaluronidase)		1800mg			SC Over 3-5 Mins				1800mg
1	BORTEZOMIB		1.3mg/m ²				SC bolus			
4	BORTEZOMIB		1.3mg/m ²				SC bolus			

Prescriber sig:name.....Date: Nurse clinical sig:name:Date:

Pharmacist clinical sig:name:Date:

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Hb	Na ⁺	Ab	Height
WBC	K ⁺	AIKP	Weight
Pit	Urea	ALT	BSA
Neuts	Cr	Bilir	Date
	GFR	TSH	Allergies:
	Ca	T4	
	Mg	NA	
	Cortisol	NA	
Nature of allergy:			

Recorded by Date

Day No. Date	DRUG or ELECTROLYTE	CALCULATION	DOSE	IV FLUIDS	VOL. MLS.	ROUTE/FLOW RATE	SPECIAL DIRECTIONS/ ADMINISTRATION DE-TAILS	DRUG ADMINISTRATION	TIME	Pharmacy
22	Dexamethasone		40mg*			PO	1 hour before daratumumab	Sig.		
22	Paracetamol		1g			PO	1 hour before daratumumab			
22	Chlorphenamine		8mg			PO	1 hour before daratumumab			
22	DARATUMUMAB (and 30,000 units of humanised hyaluronidase)		1800mg			SC Over 3-5 Mins			1800mg	

Prescriber sig:name.....Date: Nurse clinical sig:.....name:Date: Pharmacist clinical sig:

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Proceed Rules: Bloods 96 hours before day 1 ONLY. No FBCs are required during the cycle

Drug	Neuts	Platelets	Renal	Hepatic (bilirubin μ mmol/L)	Neuropathy
Bortezomib	$>1 \times 10^9/L$	$>75 \times 10^9/L$	Dialysis may reduce levels, therefore it should be administered after dialysis.	$>50 =$ consider $0.7\text{mg}/\text{m}^2$ dose	G1 with pain or G2 = $1\text{mg}/\text{m}^2$ G2 with pain or G3 = Withhold treatment until toxicity resolves and re-initiate at $0.7\text{mg}/\text{m}^2$ G4 = stop treatment
Daratumumab	$>1 \times 10^9/L$	$>75 \times 10^9/L$	NA	NA	NA
Thalidomide	$>1 \times 10^9/L$	$>75 \times 10^9/L$	NA	NA	G2 and above withhold treatment and re-initiate at a lower dose once toxicity resolves.

Medications to be prescribed on PICs

Anti-emetics	Supportive medication
<ul style="list-style-type: none"> Metoclopramide 10mg TDS prn 	<ul style="list-style-type: none"> Dexamethasone 40mg on days 2, 9, 16 & 23. * Can be reduced to 20mg if required. Aciclovir 400mg BD Co-trimoxazole 480mg BD TTW Allopurinol 300mg OD for the FIRST cycle only Lansoprazole 30mg OD Thalidomide 50mg ON (start at 50mg and increase as clinically indicated) Apixaban 2.5mg BD Senna 15mg ON PRN Levofloxacin 500mg OD

Other Information

- A Prescription Initiation Form (PIF) must be completed for the first cycle treatment of thalidomide.
- A Prescription Authorisation Form (PAF) must be completed for every supply of thalidomide.