BMP (bortezomib-melphalan-predniSONE)*

*drug in italics is IV drug given in hospital or cancer centre

Diagnosis: Multiple myeloma

Clinical Verification

- Bloodwork and other clinical parameters have been verified by a regulated health professional

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- Prescription has been verified by a nurse or pharmacist

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Rx (Start Date/Day 1: ___________

**melphalan** 9 mg/m\(^2\) x BSA x ____% dose* = _____ mg PO daily on Days 1 to 4

- Mitte: ______ x 2 mg tablets (ODB general benefit)

**AND**

**predniSONE** 60 mg/m\(^2\) x ____% dose* = ____ mg PO daily in the morning with food on Days 1 to 4

- Mitte: _______ x 50 mg tablets (ODB general benefit)

*Dose modification (s) for: □ Age/performance status □ Hematologic toxicity □ Renal function □ Hepatic function □ Other toxicity ________________________________

NO Repeats

Supportive Care Rx

- prochlorperazine 10 mg PO q6h PRN nausea
  - Mitte: _______ Repeat: _____

- Antiviral prophylaxis (if applicable, specify drug, dose, frequency):
  - Mitte: _______ Repeat: _____

Date __________ Print name __________ Physician Signature __________ CPSO# __________

Prescriber information (name, office phone number/fax, address if different than hospital address)

Pharmacist information (name, office phone number/fax)
OPTIONAL INFORMATION

□ Patient has been counseled by an Oncology Pharmacist

Print name __________________________ Signature __________________________ Date __________________________

OR

□ Requires counseling
□ Drug interaction assessment

Drug-specific information

For the complete information, please refer to the Cancer Care Ontario drug information sheets available at www.cancercare.on.ca/drugformulary