### CYBORD (cyclophosphamide-bortezomib-dexamethasone)*

*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
  - Date: __________
  - Print name: __________
  - Signature: __________
- Prescription has been verified by a nurse or pharmacist
  - Date: __________
  - Print name: __________
  - Signature: __________

**Rx (Start Date/Day 1: __________)**

- Cyclophosphamide 300vmg/m²* x BSA x ____% dose* = _____ mg PO on Days 1, 8, 15, 22
  - Mitte: _____ x 25 mg tablets and/or ___ x 50 mg tablets
  - **NO Repeats** (ODB general benefit)
- Dexamethasone 40 mg x ____% dose* = _____ mg PO in the morning with food on… *(check schedule below)*
- Cycles 1 and 2: **Days 1-4, 9-12, 17-20**
- Cycles 3 and 4: **Days 1, 8, 15, 22**
  - Mitte: _________ x 4 mg tablets
  - **NO Repeats** (ODB general benefit)

**Supportive Care Rx**
- 5-HT3 receptor antagonist (centre choice) pre-chemotherapy on Day(s)____
  - Mitte: _____ Repeat: _____
  - LU Code: __________
- Dexamethasone 8mg PO on Day(s): ________
  - Mitte: _____ Repeat: _____
- Prochlorperazine 10 mg PO q6h PRN nausea
  - Mitte: _____ Repeat: _____
- Antiviral prophylaxis (if applicable):
  - Mitte: _____ Repeat: _____
- Antibiotic prophylaxis (if applicable):
  - Mitte: _____ Repeat: _____
- PPI or other gastroprotection (if applicable):
  - Mitte: _____ Repeat: _____

**Prescriber Information**
- Date: __________
- Print name: __________
- Physician Signature: __________
- CPSO#: __________

**Pharmacist Information**
- Date: __________
- Print name: __________
- Signature: __________

---

Developed by the Drug Formulary Team at Cancer Care Ontario.
Format and content have been adapted with permission from Mount Sinai Hospital
CYBORD - Version 1.0
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