

# KYPROLIS® (CARFILZOMIB) PRESCRIBER ORDER FORM

Patient Name:

Date of Birth:

Address:

Phone:

Height: \_\_\_\_\_  inches  cm

Weight: \_\_\_\_\_  lbs  kg

## Clinical Information

Primary Diagnosis Description:

ICD-10 Code:

Is this the first dose?  Yes – Date of first dose: \_\_\_\_\_  No – Date of next dose due: \_\_\_\_\_

## Kyprolis®(carfilzomib) Prescription

- Kyprolis Combination therapy with Sarclisa (*complete separate Sarclisa Prescriber Order Form*) and dexamethasone**
- Kyprolis 20 mg/m<sup>2</sup> diluted in 100 mL of Dextrose 5% administered IV over 30 minutes twice weekly on 2 consecutive days x 1 week
  - Kyprolis 56 mg/m<sup>2</sup> diluted in 100 mL of Dextrose 5% administered IV over 30 minutes twice weekly on 2 consecutive days until disease progression or unacceptable toxicity.
  - Dexamethasone 20mg via slow IV push on the days of Kyprolis administration, prior to Kyprolis
  - Dexamethasone 20mg PO on the Day 22 in Cycle 2 and beyond and on Day 23 in all cycles
- Kyprolis 20/56 mg/m<sup>2</sup> Monotherapy with dexamethasone**
- Kyprolis 20mg/m<sup>2</sup> diluted in 100 mL of Dextrose 5% administered IV over 30 minutes twice weekly on 2 consecutive days x 1 week
  - Kyprolis 56 mg/m<sup>2</sup> diluted in 100 mL of Dextrose 5% administered IV over 30 minutes twice weekly on 2 consecutive days until disease progression or unacceptable toxicity.
  - Dexamethasone 8 mg PO 30 minutes prior to Kyprolis administration
- Kyprolis 20/27 mg/m<sup>2</sup>**
- Kyprolis 20mg/m<sup>2</sup> diluted in 100 mL of Dextrose 5% administered IV over 30 minutes twice weekly on 2 consecutive days x 1 week
  - Kyprolis 27mg/m<sup>2</sup> diluted in 100 mL of Dextrose 5% administered IV over 30 minutes twice weekly on 2 consecutive days until disease progression or unacceptable toxicity.
  - Dexamethasone 4mg PO 30 minutes prior to Kyprolis administration
- Kyprolis 70 mg/m<sup>2</sup> diluted in 100 mL of Dextrose 5% IV over 30 minutes weekly until disease progression or unacceptable toxicity.**
- Dexamethasone 40mg PO 30 minutes prior to Kyprolis administration
- Other:** \_\_\_\_\_

## Ancillary Orders

### Anaphylaxis Kit

- Dosage:
- Epinephrine 0.3 mg (> 30 kg), 0.15 mg (15 to 30 kg), or 0.01 mg/kg (< 15 kg) SQ or IM x 1; repeat x 1 in 5 to 15 min PRN.
  - Diphenhydramine 25 mg (> 30 kg) or 1.25 mg/kg (≤ 30 kg – 25mg max dose) IV or IM; repeat x 1 in 15 min PRN no improvement.
  - 0.9% Sodium Chloride 500 mL (> 30 kg) or 250 mL (≤ 30 kg) IV at KVO rate PRN anaphylaxis. Patients ≤ 30 kg, infuse over 2 to 4 hours PRN headache rated > 5 on pain scale.

### Hydration orders

- 0.9% Sodium Chloride 500 mL at \_\_\_\_\_ mL/hr prior to each dose in Cycle 1
- Other: \_\_\_\_\_

### IV Flush Orders

- Peripheral:** 0.9% Sodium Chloride 2 to 3 mL pre-/post-use.
- Implanted Port:** 0.9% Sodium Chloride 5 to 10 mL pre-/post-use and 10 to 20 mL pre-/post-lab draw. Heparin (100 unit/mL) 3 to 5 mL post-use.
- For maintenance, heparin (100 unit/mL) 3 to 5 mL every 24 hr. if accessed or weekly to monthly if not accessed.

### Lab Orders

- No labs ordered at this time.
- Other: \_\_\_\_\_

**Skilled nurse to administer doses intravenously in the alternate care setting. Refill above ancillary orders as directed x 1 year.**

*I certify that the use of the indicated treatment is medically necessary, and I will be supervising the patient's treatment.*

Prescriber Signature:

Date:

## Prescriber Information

Prescriber Name:

Phone:

Fax:

Address:

NPI:

City, State:

Zip:

Office Contact:

**Fax completed form, insurance information, and clinical documentation to:**

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