

CARFILZOMIB + CYTOXAN + DEXAMETHASONE (KCD)

Start Date: _____

Cycle # _____

Dexamethasone: _____ mg IV with each dose of Carfilzomib.

DVT Prophylaxis: _____

Antiviral: _____

Other Medications: _____

Day -1
Increase oral fluid intake

THURSDAY	FRIDAY	SATURDAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY
Day 1 Carfilzomib Cytosin Dex IV	Day 2 Carfilzomib Dex IV	Day 3	Day 4	Day 5	Day 6	Day 7
Day 8 Carfilzomib Cytosin Dex IV	Day 9 Carfilzomib Dex IV	Day 10	Day 11	Day 12	Day 13	Day 14
Day 15 Carfilzomib Cytosin Dex IV	Day 16 Carfilzomib Dex IV	Day 17	Day 18	Day 19	Day 20	Day 21
Day 22 MM LABS	Day 23	Day 24	Day 25	Day 26	Day 27	Day 28
FOLLOW UP	MM Labs to be done at _____ lab one week prior to new cycle start					
MM Clinic 551-996-8704; After hours 551-996-5900						

CARFILZOMIB + REVLIMID + DEXAMETHASONE (KRD)

Start Date: _____

Cycle # _____

Revlimid _____ mg once a day for 21 days of a 28day cycle
 Dexamethasone _____ mg IV with each dose of carfilzomib
 DVT Prophylaxis: _____
 Antiviral: _____
 Other Medications: _____

Day -1

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Day 1 Carfilzomib Dex IV Revlimid	Day 2 Carfilzomib Dex IV Revlimid	Day 3 Revlimid	Day 4 Revlimid	Day 5 Revlimid	Day 6 Revlimid	Day 7 Revlimid
Day 8 Carfilzomib Dex IV Revlimid	Day 9 Carfilzomib Dex IV Revlimid	Day 10 Revlimid	Day 11 Revlimid	Day 12 Revlimid	Day 13 Revlimid	Day 14 Revlimid
Day 15 Carfilzomib Dex IV Revlimid	Day 16 Carfilzomib Dex IV Revlimid	Day 17 Revlimid	Day 18 Revlimid	Day 19 Revlimid	Day 20 Revlimid	Day 21 Revlimid <i>Call 551-996-8704 to re-order Revlimid</i>
Day 22 MM Labs	Day 23	Day 24	Day 25	Day 26	Day 27	Day 28
Follow Up New Cycle Start	MM Labs to be done at _____ lab one week prior to new cycle start Call 551-996-8704 to re-order Revlimid on _____ MM Clinic 551-996-8704; After hours 551-996-5900					

IXAZOMIB + REVLIMID + DEXAMETHASONE (IRD)

Start Date: _____ Cycle # _____

Ixazomib _____ mg days 1, 8 and 15 of 28 day cycle
 Revlimid _____ mg by mouth daily for 21 days of a 28 day dosing cycle.
 Dexamethasone _____ mg take # _____ 4mg tablets once weekly on _____
 DVT Prophylaxis: _____
 Antiviral: _____
 Other Medications: _____

FRIDAY	SATURDAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY
Day 1 Revlimid Ixazomib Dex	Day 2 Revlimid	Day 3 Revlimid	Day 4 Revlimid	Day 5 Revlimid	Day 6 Revlimid	Day 7 Revlimid
Day 8 Revlimid Ixazomib Dex	Day 9 Revlimid	Day 10 Revlimid	Day 11 Revlimid	Day 12 Revlimid	Day 13 Revlimid	Day 14 Revlimid
Day 15 Revlimid Ixazomib Dex	Day 16 Revlimid	Day 17 Revlimid	Day 18 Revlimid	Day 19 Revlimid	Day 20 Revlimid	Day 21 Revlimid Call 551-996-8704 to reorder Revlimid
Day 22 MM Labs	Day 23	Day 24	Day 25	Day 26	Day 27	Day 28
Follow Up New Cycle Start	MM Labs to be done at _____ lab one week prior to new cycle start Call 551-996-8704 to re-order Revlimid on _____ MM Clinic 551-996-8704; After hours 551-996-5900					