

## Regimen Reference Order – MYEL – D-CBD (IV daratumumab)

ARIA: MYEL - [D-CBD (IV)]

Planned Course: Every 28 days until disease progression or unacceptable toxicity

Indication for Use: Multiple Myeloma Transplant Ineligible

CVAD: At Provider's Discretion

### Proceed with treatment if:

**Day 1 ONLY**

**ANC equal to or greater than  $1 \times 10^9/L$  AND Platelets equal to or greater than  $75 \times 10^9/L$**

❖ Contact Hematologist if parameters not met

## SEQUENCE OF MEDICATION ADMINISTRATION

### Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Instruct patient to start vigorous oral pre-hydration (600-900 mL) the morning of cyclophosphamide treatment (Self-administered at home)		
montelukast	10 mg	Orally once daily in the morning starting the <b>day before daratumumab to Day 4, Days 7 to 11, Days 14 to 18 and Days 21 to 25 of Cycle 1</b> Cycle 2 and onwards at the discretion of the physician (Self-administered at home) <i>*Nursing Alert: Notify physician if patient has not taken montelukast. montelukast is prescribed to prevent infusion reactions</i>

### Treatment Regimen – MYEL – D-CBD (IV daratumumab)

Establish primary solution 500 mL of: normal saline		
Drug	Dose	CCMB Administration Guideline
<b>Cycle 1</b>		
cetirizine	10 mg	Orally <b>1 hour</b> prior to daratumumab on <b>Days 1, 2, 8, 15 and 22</b>
acetaminophen	975 mg	Orally <b>1 hour</b> prior to daratumumab on <b>Days 1, 2, 8, 15 and 22</b>
dexamethasone	20 mg	IV in normal saline 50 mL over 15 minutes <b>1 hour</b> prior to daratumumab on <b>Days 1, 2, 8, 15 and 22</b> <i>*Nursing Alert: daratumumab starts 1 hour after completion of dexamethasone</i>
bortezomib	1.5 mg/m <sup>2</sup>	Subcutaneous injection once weekly on <b>Days 1, 8, 15 and 22</b>
Wait 1 hour after completion of IV pre-medication(s) before starting daratumumab		

daratumumab	8 mg/kg	<p><b>Slow infusion:</b> IV in normal saline 500 mL on <b>Days 1 and 2</b> following administration rates below:</p> <ul style="list-style-type: none"> <li>• 0 to 60 minutes – 50 mL/hour</li> <li>• 60 to 120 minutes – 100 mL/hour</li> <li>• 120 to 180 minutes – 150 mL/hour</li> <li>• 180 minutes onwards – 200 mL/hour</li> </ul> <p>Use 0.2 or 0.22 micron filter</p> <p><i>*Alert: Pharmacy to ensure final volume in bag = 500 mL</i></p> <p><i>*Nursing Alert: IV tubing is primed with daratumumab</i></p>
	16 mg/kg	<p><b>Rapid infusion:</b> IV in normal saline 500 mL over 90 minutes on <b>Days 8, 15, and 22:</b> infuse 100 mL over 30 minutes, then infuse the remaining 400 mL over 60 minutes</p> <p>Use 0.2 or 0.22 micron filter</p> <p><i>*Alert: Pharmacy to ensure final volume in bag = 500 mL</i></p> <p><i>*Nursing Alert: IV tubing is primed with daratumumab</i></p>
cyclophosphamide	300 mg/m <sup>2</sup>	Orally once daily in the morning on <b>Days 1, 8, 15 and 22</b> Take with or without food. Swallow whole <b>(Self-administered at home)</b>
dexamethasone	20 mg	Orally once daily in the morning with food on <b>Days 9, 16 and 23</b> <b>(Self-administered at home)</b>
<b>Cycle 2</b>		
dexamethasone	40 mg	Orally once daily in the morning with food on <b>Days 1, 8, 15 and 22</b> <b>(Self-administered at home)</b>
cetirizine	10 mg	Orally 30 minutes prior to daratumumab on <b>Days 1, 8, 15 and 22</b>
acetaminophen	975 mg	Orally 30 minutes prior to daratumumab on <b>Days 1, 8, 15 and 22</b>
bortezomib	1.5 mg/m <sup>2</sup>	Subcutaneous injection once weekly on <b>Days 1, 8, 15 and 22</b>
daratumumab	16 mg/kg	<p><b>Rapid infusion:</b> IV in normal saline 500 mL over 90 minutes on <b>Days 1, 8, 15, and 22:</b> infuse 100 mL over 30 minutes, then infuse the remaining 400 mL over 60 minutes</p> <p>Use 0.2 or 0.22 micron filter</p> <p><i>*Alert: Pharmacy to ensure final volume in bag = 500 mL</i></p> <p><i>*Nursing Alert: IV tubing is primed with daratumumab</i></p>
cyclophosphamide	300 mg/m <sup>2</sup>	Orally once daily in the morning on <b>Days 1, 8, 15 and 22</b> Take with or without food. Swallow whole <b>(Self-administered at home)</b>
<b>Cycles 3 to 6</b>		
dexamethasone	40 mg	Orally once daily in the morning with food on <b>Days 1, 8, 15 and 22</b> <b>(Self-administered at home)</b>
cetirizine	10 mg	Orally 30 minutes prior to daratumumab on <b>Days 1 and 15</b>
acetaminophen	975 mg	Orally 30 minutes prior to daratumumab on <b>Days 1 and 15</b>

bortezomib	1.5 mg/m <sup>2</sup>	Subcutaneous injection once weekly on <b>Days 1, 8, 15 and 22</b>
daratumumab	16 mg/kg	<b>Rapid infusion:</b> IV in normal saline 500 mL over 90 minutes on <b>Days 1 and 15:</b> infuse 100 mL over 30 minutes, then infuse the remaining 400 mL over 60 minutes <i>Use 0.2 or 0.22 micron filter</i> <b>*Alert:</b> Pharmacy to ensure final volume in bag = 500 mL <b>*Nursing Alert:</b> IV tubing is primed with daratumumab
cyclophosphamide	300 mg/m <sup>2</sup>	Orally once daily in the morning on <b>Days 1, 8, 15 and 22</b> Take with or without food. Swallow whole <b>(Self-administered at home)</b>
<b>Cycles 7 and 8</b>		
dexamethasone	40 mg	Orally once daily in the morning with food on <b>Days 1, 8, 15 and 22</b> <b>(Self-administered at home)</b>
cetirizine	10 mg	Orally 30 minutes prior to daratumumab on <b>Day 1</b>
acetaminophen	975 mg	Orally 30 minutes prior to daratumumab on <b>Day 1</b>
bortezomib	1.5 mg/m <sup>2</sup>	Subcutaneous injection once weekly on <b>Days 1, 8, 15 and 22</b>
daratumumab	16 mg/kg	<b>Rapid infusion:</b> IV in normal saline 500 mL over 90 minutes on <b>Day 1:</b> infuse 100 mL over 30 minutes, then infuse the remaining 400 mL over 60 minutes <i>Use 0.2 or 0.22 micron filter</i> <b>*Alert:</b> Pharmacy to ensure final volume in bag = 500 mL <b>*Nursing Alert:</b> IV tubing is primed with daratumumab
cyclophosphamide	300 mg/m <sup>2</sup>	Orally once daily in the morning on <b>Days 1, 8, 15 and 22</b> Take with or without food. Swallow whole <b>(Self-administered at home)</b>
<b>Cycle 9* and Onwards</b>		
cetirizine	10 mg	Orally 30 minutes prior to daratumumab on <b>Day 1</b>
acetaminophen	975 mg	Orally 30 minutes prior to daratumumab on <b>Day 1</b>
dexamethasone	20 mg	Orally 30 minutes prior to daratumumab <b>Day 1</b>
daratumumab	16 mg/kg	<b>Rapid infusion:</b> IV in normal saline 500 mL over 90 minutes on <b>Day 1:</b> infuse 100 mL over 30 minutes, then infuse the remaining 400 mL over 60 minutes <i>Use 0.2 or 0.22 micron filter</i> <b>*Alert:</b> Pharmacy to ensure final volume in bag = 500 mL <b>*Nursing Alert:</b> IV tubing is primed with daratumumab
<p><b>* At physician's discretion, bortezomib may be prescribed Cycle 9 and onwards as maintenance on Days 1 and 15</b> All doses will be automatically rounded that fall within CCMB Approved Dose Bands. See Dose Banding document for more information</p>		
<p><b>cyclophosphamide (PROCYTOX®) available dosage strengths: 25 mg and 50 mg tablets</b> <b>Classification: Cytotoxic, Hazardous</b></p>		

In the event of an infusion-related hypersensitivity reaction, refer to the 'Hypersensitivity Reaction Standing Order'

## REQUIRED MONITORING

### Baseline

- RBC serology (genotyping) mandatory prior to starting daratumumab
- Hepatitis B serology

### All Cycles

#### Day 1

- CBC, serum creatinine, urea, electrolytes, liver enzymes, total bilirubin, albumin and glucose as per Physician Orders
- Serum Protein Electrophoresis (SPEP)/Free Light Chain Ratio (FLCH) (response assessment)

#### Days 8, 15 and 22

- No blood work required

### daratumumab (IV) monitoring

#### All Doses

- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O<sub>2</sub> saturation) at baseline and as clinically indicated
- No observation period is required after daratumumab administration. Patient can be discharged from treatment room if stable whether they had a reaction or not

## Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
valACYclovir	500 mg	Orally once daily
dexamethasone	4 mg	Orally once daily in the morning the day after daratumumab on <b>Day 3</b> of first cycle only <i>*Alert: dexamethasone is prescribed to prevent delayed infusion reactions (respiratory)</i>
fluticasone and salmeterol combination	100 mcg - 50 mcg per dose	Prescribed at physician's discretion If patient has a history of asthma or COPD, 1 inhalation twice daily only as needed post daratumumab infusion
<b>Cycles 1 to 8 only</b>		
metoclopramide	10 - 20 mg	Orally every 4 hours as needed for nausea and vomiting

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## DISCHARGE INSTRUCTIONS

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### All Cycles

- Patients should be instructed to contact their cancer team immediately if symptoms of hypersensitivity reactions occur after discharge
- Remind patient to take recommended support medications at home

### Cycles 1 to 8

- Instruct patient to take dexamethasone and cyclophosphamide at home in the morning, as they are both part of the cancer therapy in this treatment regimen
  - Instruct patient to:
    - Maintain oral intake of 2000 mL (8 glasses) of fluid daily at home
    - Empty bladder every 2 hours while awake and at bedtime for 24 hours after each dose of cyclophosphamide
    - Obtain immediate assistance as per your clinic's contact instructions if:
      - Symptoms of hemorrhagic cystitis (e.g. dysuria, hematuria)
      - Unable to drink recommended amount of fluid
  - bortezomib has potential for drug-drug interactions. Patients should notify clinic prior to starting any new medication
  - Advise patient to avoid green tea to prevent interactions with bortezomib
  - Avoid grapefruit and grapefruit juice, Seville oranges (i.e. orange marmalade), and starfruit
  - Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy
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## ADDITIONAL INFORMATION

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- daratumumab interferes with cross-matching and red blood cell antibody screening. **Indicate on all Canadian Blood Services requisitions that the patient is on daratumumab**
- daratumumab may interfere with the interpretation of the Serum Protein Electrophoresis (SPEP) results. **Indicate on all immunology (SPEP) requisitions that the patient is on daratumumab**
- Administering nurse must document any infusion-related reactions with any dose of daratumumab
- Consideration may be given to reducing dexamethasone dose at the physician's discretion to 20 mg for patients older than 75 years or who have a body mass index of less than 18.5 kg/m<sup>2</sup>
- valACYclovir (shingles prophylaxis) continues while on treatment and for 1 month after discontinuation of treatment due to risk of prolonged immunosuppression
- All patients should be considered for bisphosphonate therapy
- Administration site restrictions are in place for daratumumab. Cycle 1, Days 1 and 2 must be administered at CCMB MacCharles in Winnipeg
- **Note: At Cycles 2 and 9**, an entry called **"Physician Reminder – dexamethasone dose evaluation"** will appear in the electronic drug order. **No action is required. This prompt is to remind the prescriber to evaluate the dexamethasone dose that begins at Cycles 2 and 9**