

Regimen Reference Order

LYMP – D-CBD (amyloidosis) (SUBCUTANEOUS daratumumab injection)

ARIA: LYMP - [D-CBD (SUBCUT) amyloidosis]

Planned Course: Every 28 days until disease progression or unacceptable toxicity, up to a maximum of 2 years (24 cycles)

Indication for Use: Light Chain (AL) Amyloidosis

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)		

Treatment Regimen

LYMP – D-CBD (amyloidosis) (SUBCUTANEOUS daratumumab injection)

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
Cycle 1		
cetirizine	10 mg	Orally 1 hour prior to daratumumab on Days 1, 8, 15 and 22
acetaminophen	975 mg	Orally 1 hour prior to daratumumab on Days 1, 8, 15 and 22
montelukast	10 mg	Orally 1 hour prior to daratumumab on Day 1 ONLY
dexamethasone	16 mg	Day 1 IV in normal saline 50 mL over 15 minutes 1 hour prior to daratumumab <i>*Nursing Alert: daratumumab starts 1 hour after completion of dexamethasone</i>
		Days 8, 15 and 22 Orally 1 hour prior to daratumumab
bortezomib	1.3 mg/m ²	Subcutaneous injection once weekly on Days 1, 8, 15 and 22
If applicable, wait 1 hour after completion of IV pre-medication(s) before starting daratumumab		

daratumumab (Subcutaneous)	1800 mg (1800 mg = 15 mL)	Subcutaneous: Administer over 3 to 5 minutes into abdomen on Days 1, 8, 15 and 22 Remove vial from refrigerator 30 minutes prior to preparing dose to bring to ambient temperature (15°C to 30°C) Use 23G needle <i>*Nursing Alert: Ensure subcutaneous daratumumab formulation is used (daratumumab-hyaluronidase)</i>
cyclophosphamide	300 mg/m ² ; maximum dose 500 mg	Orally once daily in the morning on Days 1, 8, 15 and 22 Take with or without food. Swallow whole (Self-administered at home)
dexamethasone	4 mg	Orally once daily in the morning with food on Days 2, 9, 16 and 23 (Self-administered at home)
Cycle 2		
dexamethasone	20 mg	Orally once daily in the morning with food on Days 1, 8, 15 and 22 (Self-administered at home)
cetirizine	10 mg	Orally 30 minutes prior to daratumumab on Days 1, 8, 15 and 22
acetaminophen	975 mg	Orally 30 minutes prior to daratumumab on Days 1, 8, 15 and 22
bortezomib	1.3 mg/m ²	Subcutaneous injection once weekly on Days 1, 8, 15 and 22
daratumumab (Subcutaneous)	1800 mg (1800 mg = 15 mL)	Subcutaneous: Administer over 3 to 5 minutes into abdomen on Days 1, 8, 15 and 22 Remove vial from refrigerator 30 minutes prior to preparing dose to bring to ambient temperature (15°C to 30°C) Use 23G needle <i>*Nursing Alert: Ensure subcutaneous daratumumab formulation is used (daratumumab-hyaluronidase)</i>
cyclophosphamide	300 mg/m ² ; maximum dose 500 mg	Orally once daily in the morning on Days 1, 8, 15 and 22 Take with or without food. Swallow whole (Self-administered at home)
Cycles 3 to 6		
dexamethasone	20 mg	Orally once daily in the morning with food on Days 1, 8, 15 and 22 (Self-administered at home)
cetirizine	10 mg	Orally 30 minutes prior to daratumumab on Days 1 and 15
acetaminophen	975 mg	Orally 30 minutes prior to daratumumab on Days 1 and 15
bortezomib	1.3 mg/m ²	Subcutaneous injection once weekly on Days 1, 8, 15 and 22
daratumumab (Subcutaneous)	1800 mg (1800 mg = 15 mL)	Subcutaneous: Administer over 3 to 5 minutes into abdomen on Days 1 and 15 Remove vial from refrigerator 30 minutes prior to preparing dose to bring to ambient temperature (15°C to 30°C) Use 23G needle <i>*Nursing Alert: Ensure subcutaneous daratumumab formulation is used (daratumumab-hyaluronidase)</i>

cyclophosphamide	300 mg/m ² ; maximum dose 500 mg	Orally once daily in the morning on Days 1, 8, 15 and 22 Take with or without food. Swallow whole (Self-administered at home)
Cycle 7 and Onwards		
cetirizine	10 mg	Orally 30 minutes prior to daratumumab on Day 1
acetaminophen	975 mg	Orally 30 minutes prior to daratumumab on Day 1
dexamethasone	20 mg	Orally 30 minutes prior to daratumumab on Day 1
daratumumab (Subcutaneous)	1800 mg (1800 mg = 15 mL)	Subcutaneous: Administer over 3 to 5 minutes into abdomen on Day 1 Remove vial from refrigerator 30 minutes prior to preparing dose to bring to ambient temperature (15°C to 30°C) Use 23G needle <i>*Nursing Alert: Ensure subcutaneous daratumumab formulation is used (daratumumab-hyaluronidase)</i>
cyclophosphamide (PROCYTOX®) available dosage strengths: 25 mg and 50 mg tablets Classification: Cytotoxic, Hazardous		

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 (subcutaneous injection) monitoring

- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O₂ saturation) at baseline and as clinically indicated
- No observation period is required after subcutaneous 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
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 injection
Cycles 1 to 6 only		
metoclopramide	10 – 20 mg	Orally every 4 hours as needed for nausea and vomiting

DISCHARGE INSTRUCTIONS

All Cycles

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

Cycles 1 to 6

- 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

ADDITIONAL INFORMATION

- 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
- 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
- **Note: At Cycles 2 and 7**, 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 7**