Regimen Reference Order MYEL – DVd (SUBCUTANEOUS daratumumab injection)

ARIA: MYEL - [DVd (SUBCUT)]

Planned Course: Until disease progression or unacceptable toxicity (1 cycle = 28 days)

Indication for Use: Relapsed/Refractory Multiple Myeloma

CVAD: Not Required

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 $30 \times 10^9/L$

Contact Hematologist if parameters not met

Note: Hepatitis B serology results must be reviewed in accordance with CCMB Policy Hepatitis B Monitoring for Oncology and Hematology Patients

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements					
Dr	ug	Dose	CCMB Administration Guideline		
Not Applicable					

Treatment Regimen – MYEL – DVd (SUBCUTANEOUS daratumumab injection) Drug **CCMB Administration Guideline** Dose Cycle 1 Orally once daily in the morning with food on Days 1, 8, 15 and 22 dexamethasone 40 mg (Self-administered at home) cetirizine Orally 1 hour prior to daratumumab on Days 1, 8, 15 and 22 10 mg 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 bortezomib 1.5 mg/m² Subcutaneous injection once weekly on Days 1, 8, 15 and 22 daratumumab 1800 mg **Subcutaneous:** Administer over 3 to 5 minutes into abdomen on (Subcutaneous) (1800 mg = 15 mL)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 *Nursing Alert: Ensure subcutaneous daratumumab formulation is used (daratumumab-hyaluronidase) Cycle 2 dexamethasone 40 mg Orally once daily in the morning with food on Days 1, 8, 15 and 22 (Self-administered at home)

bortezomib	1.5 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 *Nursing Alert: Ensure subcutaneous daratumumab formulation is used
		(daratumumab-hyaluronidase)
Cycles 3 and 4		
dexamethasone	40 mg	Orally once daily in the morning with food on Days 1, 8, 15 and 22 (Self-administered at home)
bortezomib	1.5 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
		*Nursing Alert: Ensure subcutaneous daratumumab formulation is used
		(daratumumab-hyaluronidase)
Cycles 5 to 8		
dexamethasone	40 mg	Orally once daily in the morning with food on Days 1, 8, 15 and 22 (Self-administered at home)
bortezomib	1.5 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 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 *Nursing Alert: Ensure subcutaneous daratumumab formulation is used (daratumumab-hyaluronidase)
Cycle 9* and Onwa	ards	
dexamethasone	20 mg	Orally once in the morning with food on Day 1 (Self-administered at home)
daratumumab	1800 mg	Subcutaneous: Administer over 3 to 5 minutes into abdomen on Day 1
(Subcutaneous)	(1800 mg = 15 mL)	Remove vial from refrigerator 30 minutes prior to preparing dose to bring to ambient temperature (15°C to 30°C) Use 23G needle
		*Nursing Alert: Ensure subcutaneous daratumumab formulation is used (daratumumab-hyaluronidase)
	= = = = = = = = = = = = = = = = = = = =	e prescribed Cycle 9 and onwards as maintenance on Days 1 and 15 all within CCMB Approved Dose Bands. See Dose Banding Document for

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



REQUIRED MONITORING

Hepatitis B serology

• Hepatitis B surface antigen and Hepatitis B core antibody (drawn within preceding 5 years)

Baseline

· RBC serology (genotyping) mandatory prior to starting daratumumab

Cycles 1 to 8

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

Cycle 9 and Onwards

Day 1

- CBC, serum creatinine, urea, electrolytes, liver enzymes, total bilirubin, albumin and glucose as per Physician Orders
- SPEP/FLCH (response assessment)

daratumumab 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		

DISCHARGE INSTRUCTIONS

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

- dexamethasone is a cancer therapy in this treatment regimen. Remind patient to take dexamethasone at home
- 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

- Due to the risk of reactivation of Hepatitis B virus (HBV) while on this treatment regimen, prescriber must adhere to CCMB Policy Hepatitis B Monitoring for Oncology and Hematology Patients for ordering and interpreting HBV serology and prescribing antiviral prophylaxis
- 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/m²
- 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 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

