Regimen Reference Order – MYEL – RVd (transplant ineligible)

ARIA: MYEL – [RVD (transplant ineligible)]

Planned Course: **lenalidomide + bortezomib + dexamethasone (RVd) every 28 days for 8 cycles, followed by lenalidomide + dexamethasone (Rd) every 28 days until disease progression or unacceptable toxicity**

Indication for Use: **Multiple Myeloma Transplant Ineligible**

CVAD: Not Required

Proceed with treatment if:

ANC equal to or greater than 1 x 10^9/L AND Platelets equal to or greater than 30 x 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

Drug	Dose	CCMB Administration Guideline
Not Applicable		

Treatment Regimen – MYEL – RVd (transplant ineligible)

Drug	Dose	CCMB Administration Guideline
lenalidomide + bortezomib + dexamethasone (RVd) (Cycles 1 to 8)		
dexamethasone	20 mg	Orally once daily in the morning with food on **Days 1, 8, 15 and 22** **(Self-administered at home)**
bortezomib	1.3 mg/m^2	Subcutaneous once weekly on **Days 1, 8, 15 and 22**
lenalidomide	25 mg	Orally once daily on **Days 1 to 21**, followed by 7 days off Take with or without food. Swallow whole **(Self-administered at home)**
lenalidomide + dexamethasone Maintenance (Rd) (Cycle 9 and onwards)		
dexamethasone	20 mg	Orally once daily in the morning with food on **Days 1, 8, 15 and 22** **(Self-administered at home)**
lenalidomide	25 mg	Orally once daily on **Days 1 to 21**, followed by 7 days off Take with or without food. Swallow whole **(Self-administered at home)**
lenalidomide available dosage strengths: 2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg and 25 mg capsules **Classification: Cytotoxic, Hazardous**		

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)

Day 1
- CBC, serum creatinine, urea, electrolytes, liver enzymes, total bilirubin, albumin, glucose and TSH as per Physician Orders
- Serum Protein Electrophoresis (SPEP)/ Free Light Chain ratio (FLCH) (response assessment)

Day 15 (RVd Cycles 1 and 2 only)
- CBC as per Physician Orders

Per Reddy2Assist Program – See Additional Information
- Patients of childbearing potential require βHCG according to Reddy2Assist Program requirements

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
Throughout treatment (All Cycles)		
acetylsalicylic acid (ASA) enteric coated	81 mg delayed release	Orally once daily
lenalidomide + bortezomib + dexamethasone (RVd) (Cycles 1 to 8) only		
valACYclovir	500 mg	Orally once daily continuing until 4 weeks after the last dose of bortezomib
metoclopramide	10 – 20 mg	Orally every 4 hours as needed for nausea and vomiting

DISCHARGE INSTRUCTIONS

All Cycles
- Instruct patient to take recommended support medications at home
- lenalidomide and dexamethasone are cancer therapies in this treatment regimen. Remind patient to take lenalidomide and dexamethasone at home
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

Cycles 1 to 8
- 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

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
- valACYclovir continues during and for 4 weeks after completion of bortezomib due to immunosuppression
- Patients should take therapy to prevent blood clots while on lenalidomide. The majority of patients will be prescribed acetylsalicylic acid (ASA) enteric coated 81 mg once daily. Patients at high risk may be prescribed other anticoagulants instead of acetylsalicylic acid
- All patients should be considered for bisphosphonate therapy
- lenalidomide is teratogenic
- Patients of childbearing potential will require monthly pregnancy tests (βHCG) that must be done within 7 days of the next prescription fill
- lenalidomide can only be given to patients who are registered and meet all conditions of Reddy2Assist Program
- lenalidomide will be dispensed by CCMB Pharmacy