

Regimen Reference Order – BMT – abatacept (Outpatient)

ARIA: BMT - [abatacept (pediatrics)]

Planned Course: Day +28 post Allogeneic stem cell transplant
 Long Duration Therapy has additional doses on Day +100, +180, +270, +365

Indication for Use: Acute Graft Versus Host Disease Prophylaxis for Pediatric Patients

CVAD: At Provider’s Discretion

Proceed with treatment if:
 Proceed with treatment regardless of ANC and platelet value if the patient is feeling well (no signs or symptoms of infection)

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements		
Drug	Dose	CCMB Administration Guideline
Not Applicable		

Treatment Regimen – BMT – abatacept (Outpatient)		
Drug	Dose	CCMB Administration Guideline
Patients will be admitted to hospital for abatacept Day -1, Day +5 and Day +14. Follow inpatient orders		
Day +28		
abatacept	10 mg/kg; maximum dose 1000 mg	IV in normal saline 100 mL over 1 hour Use 0.2 or 0.22 micron filter <i>*Alert: Pharmacy to ensure final volume in bag = 100 mL</i>
Days +100, +180, +270 and +365 (For patients receiving long-duration therapy)		
abatacept	10 mg/kg; maximum dose 1000 mg	IV in normal saline 100 mL over 1 hour Use 0.2 or 0.22 micron filter <i>*Alert: Pharmacy to ensure final volume in bag = 100 mL</i>
All doses will be automatically rounded that fall within CCMB Approved Dose Bands. See Dose Banding document for more information		

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

REQUIRED MONITORING

All Cycles

- CBC, serum creatinine, urea, electrolytes and liver enzymes as per Physician Orders

Recommended Support Medications		
Drug	Dose	CCMB Administration Guideline
None required		

DISCHARGE INSTRUCTIONS

- Contact cancer team immediately if symptoms of hypersensitivity reactions occur after discharge
- abatacept may interfere with some glucose monitoring systems (test strips using GDH-PQQ test type) due to the maltose present in the intravenous formulation of abatacept. Patients with diabetes, especially those who receive insulin therapy, should be advised about falsely elevated blood glucose readings on the day of infusion. Insulin dosing should be done in consultation with their clinic team

ADDITIONAL INFORMATION

- This Regimen Reference Order (RRO) is intended for pediatric patients receiving abatacept on Day +28 and onwards post Allogeneic stem cell transplant. Patients MUST receive inpatient administration of abatacept prior to outpatient administration
- Serious infections have been reported in patients receiving abatacept. Treatment with abatacept should not be given to patients with active infections
- Consider prophylaxis / monitoring for Cytomegalovirus (CMV) and Epstein Barr Virus (EBV) reactivation during abatacept therapy and for six months following Hematopoietic Stem Cell Transplant (HSCT)
- Live vaccines should not be given concurrently with abatacept or within 3 months of discontinuation. Patients may receive concurrent inactivated (non-live) vaccines
- Support protocol is available under **abatacept** in the “Pediatrics” folder
- Site restrictions are in place for abatacept. abatacept must be administered at CCMB MacCharles in Winnipeg