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 x 10^9/L AND Platelets equal to or greater than 75 x 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 **Nursing Alert: daratumumab starts **1 hour after completion** of dexamethasone*
		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 *Nursing Alert: *Ensure subcutaneous daratumumab formulation is used (daratumumab-hyaluronidase)* *Nursing Alert: *A 3-hour observation period is required after first dose (Day 1 only) if patient has never previously received daratumumab*
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 *Nursing Alert: *Ensure subcutaneous daratumumab formulation is used (daratumumab-hyaluronidase)*
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 **Nursing Alert: Ensure subcutaneous daratumumab formulation is used (daratumumab-hyaluronidase)*
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 **Nursing Alert: Ensure subcutaneous daratumumab formulation is used (daratumumab-hyaluronidase)*
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

Cycle 1, Day 1

- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O_2 saturation) at baseline and as clinically indicated
- Observe patient for **3 hours** after administration if patient has never previously received daratumumab. Full vital signs prior to discharge

Cycle 1, Day 8 and Onwards

- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O_2 saturation) at baseline and as clinically indicated
- No observation period is required after subcutaneous daratumumab administration if patient tolerated previous doses of subcutaneous daratumumab

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**