

Regimen Reference Order – MYEL – RVd

ARIA: MYEL – [RVD]

Planned Course: Every 28 days for 4 cycles

Indication for Use: Multiple Myeloma

CVAD: At Provider's Discretion

Proceed with treatment if:

ANC equal to or greater than $1 \times 10^9/L$ AND Platelets equal to or greater than $30 \times 10^9/L$

❖ Contact Physician if parameters not met

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Not Applicable		

Treatment Regimen – MYEL - RVd

Drug	Dose	CCMB Administration Guideline
dexamethasone	40 mg	Orally once daily with food on Days 1, 8, 15 and 22 (Self-administered at home)
bortezomib	1.5 mg/m ²	Subcutaneous once weekly on Days 1, 8, 15 and 22
lenalidomide	25 mg	Orally once daily with or without food on Days 1 to 21 Swallow whole (Self-administered at home)
lenalidomide (Revlimid®) available dosage strengths: 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

Prior to all Cycles

- CBC, retic, creatinine, calcium, albumin, random glucose and liver enzymes as per Physician Orders
- Serum Protein Electrophoresis (SPEP)/Free Light Chain Ratio (FLCH) (response assessment)

Day 15 (cycles 1 and 2 only)

- CBC as per Physician Orders

Every 3 months

- TSH and HbA1C as per Physician Orders

Per RevAid Program or Reddy2Assist Program – See Additional Information

- Patients of childbearing potential require β HCG according to RevAid Program/Reddy2Assist Program requirements

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
acetylsalicylic acid (ASA) enteric coated	81 mg delayed release	Orally once daily
valACYclovir	500 mg	Orally once daily
metoclopramide	10 – 20 mg	Orally every 4 to 6 hours as needed for nausea and vomiting

DISCHARGE INSTRUCTIONS

- Instruct patient to continue taking anti-emetic(s) at home
- Remind patient to take lenalidomide and dexamethasone at home
- Remind patient to take valACYclovir (shingles prophylaxis) and ASA (antiplatelet) at home
- Advise patient to avoid green tea to prevent interactions with bortezomib
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

- valACYclovir (shingles prophylaxis) 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 (β HCG) that must be done within 7 days of the next prescription fill
- Effective November 25th, 2021, all **new patients** starting on lenalidomide will be enrolled in Reddy2Assist Program and lenalidomide will be dispensed by CCMB Pharmacy. lenalidomide can only be given to patients who are registered and meet all conditions of Reddy2Assist Program.
- Existing patients on lenalidomide (started prior to November 25th, 2021) are currently enrolled in RevAid Program and will continue to have their lenalidomide prescriptions filled by the RevAid Registered Pharmacy