Regimen Monograph

A - Regimen Name

DARO(MNT) Regimen

Darolutamide (maintenance)

Disease Site
Genitourinary
Prostate

Intent
Palliative

Regimen Category
Evidence-Informed :

Regimen is considered appropriate as part of the standard care of patients; meaningfully improves outcomes (survival, quality of life), tolerability or costs compared to alternatives (recommended by the Disease Site Team and national consensus body e.g. pan-Canadian Oncology Drug Review, pCODR). Recommendation is based on an appropriately conducted phase III clinical trial relevant to the Canadian context OR (where phase III trials are not feasible) an appropriately sized phase II trial. Regimens where one or more drugs are not approved by Health Canada for any indication will be identified under Rationale and Use.

Rationale and Uses
For the treatment of metastatic hormone-sensitive prostate cancer, after completion of DARODOCE

Supplementary Public Funding
darolutamide
Exceptional Access Program (darolutamide - For the treatment of patients with metastatic castration-sensitive prostate cancer (mCSPC) in combination with docetaxel) (EAP Website)

back to top

B - Drug Regimen

darolutamide	600 mg	PO	BID

Patients should also receive a gonadotropin-releasing hormone (GnRH) analog unless they have had a bilateral orchiectomy.

back to top

C - Cycle Frequency

CONTINUOUS TREATMENT

Until disease progression or unacceptable toxicity

back to top

D - Premedication and Supportive Measures

Antiemetic Regimen: Not applicable

Other Supportive Care:

- Optimize management of cardiovascular risk factors (e.g., hypertension, diabetes, or dyslipidemia).

back to top

E - Dose Modifications

Doses should be modified according to the protocol by which the patient is being treated.

Dosage with toxicity

Dose Level	Darolutamide Dose
0	600 mg BID
-1	300 mg BID
-2	Discontinue

Toxicity	Action
Intolerable or ≥ grade 3	Hold or ↓ 1 dose level until symptoms improve. Then may resume at previous dose.
Drug-induced liver injury (DILI)	Discontinue.
Seizure	Consider discontinuing.

Hepatic Impairment

During a pharmacokinetic (PK) study, patients with moderate hepatic impairment had a 1.9-fold higher darolutamide exposure.

Hepatic Impairment	Darolutamide Dose
Mild (Child-Pugh class A)	No dose adjustment necessary
Moderate (Child-Pugh class B)	300 mg BID
Severe (Child-Pugh class C)	Not studied

Renal Impairment

During PK studies, patients with mild, moderate and severe renal impairment had a 1.1-,1.3- and 1.5-fold higher darolutamide exposure, respectively.

Creatinine Clearance (mL/min)	Darolutamide Dose
≥ 30	No dose adjustment necessary
15 - 29*	300 mg BID (limited data)
< 15**	Not studied

*Not on hemodialysis
**Including patients with ESRD on dialysis

Dosage in the Elderly

No clinically relevant differences in safety or efficacy in patients ≥ 65 years of age. Compared to patients < 65 years of age, patients > 85 years of age had a 1.6-fold higher darolutamide exposure without associated greater toxicity.

back to top

F - Adverse Effects

Refer to darolutamide drug monograph(s) for additional details of adverse effects.

Less common (10-24%)	Uncommon (< 10%), but may be severe or life-threatening
• ↑ LFTs • Fatigue	• Cardiac ischemia • Heart failure • Thromboembolism • Drug-induced liver injury • Fractures • Seizure • Urinary retention, hematuria

back to top

G - Interactions

Refer to darolutamide drug monograph(s) for additional details.

- Avoid concomitant use when possible with **combined** P-gp and strong CYP3A4 inducers (e.g. rifampin) due to ↓ darolutamide concentration.
- Consider an alternative with less inhibition to **combined** P-gp, BCRP, and strong CYP3A4 inhibitors (e.g. itraconazole) due to ↑ risk of darolutamide toxicity. If co-administered, monitor closely.
- Avoid concomitant use when possible with BCRP substrates (e.g. rosuvastatin) due to ↑ risk of substrate toxicity. If co-administered, monitor closely; consider substrate dose reduction.
- Caution with concomitant use of OATP1B1 or OATP1B3 substrates (e.g. rosuvastatin) due to ↑ risk of substrate toxicity. Monitor for toxicity and consider substrate dose reduction.

back to top

H - Drug Administration and Special Precautions

Refer to darolutamide drug monograph(s) for additional details.

Administration

- Administer darolutamide with food.
- Tablets should be swallowed whole.
- If a dose is missed, patient may take as soon as possible. If it is close to the next dose, patient should not double the dose to make up for the missed dose.
- Store at room temperature (15°C to 30°C). Keep bottle tightly closed after opening. Once bottle is opened, darolutamide is stable for 3 months.

Contraindications

- Patients who are hypersensitive to this drug or any of its components.

Warnings/Precautions

- Patients with uncontrolled hypertension, recent stroke, myocardial infarction, severe/unstable angina pectoris, coronary/peripheral artery bypass graft or CHF NYHA Class III or IV were excluded in clinical trials.
- Tablets contain lactose; carefully consider use in patients with hereditary galactose intolerance, severe lactase deficiency or glucose-galactose malabsorption.

Pregnancy/Lactation

- Darolutamide is **only indicated in patients with prostate cancer**. It may cause harm to a developing fetus or lead to loss of pregnancy. Adequate contraception should be used by patients and their partners while on treatment and after the last treatment dose. Recommended methods and duration of contraception may differ depending on the treatment. Refer to the drug monograph(s) for more information.
- Darolutamide is **only indicated in patients with prostate cancer**. There are no data on the presence of darolutamide or its metabolites in human milk.
- Fertility Effects: Probable

back to top

I - Recommended Clinical Monitoring

Treating physicians may decide to monitor more or less frequently for individual patients but should always consider recommendations from the product monograph.

Recommended Clinical Monitoring

- CBC; Baseline and as clinically indicated
- Liver function tests; Baseline and as clinically indicated
- Renal function tests; Baseline and as clinically indicated
- PSA and radiographic disease progression; Baseline and as clinically indicated
- Clinical toxicity assessment for fatigue, seizures, musculoskeletal, dermatologic, GI and cardiovascular effects; At each visit
- Grade toxicity using the current NCI-CTCAE (Common Terminology Criteria for Adverse Events) version

back to top

J - Administrative Information

Darolutamide: Outpatient prescription for home administration

back to top

K - References

CADTH reimbursement recommendation: Darolutamide (for the treatment of patients with metastatic castration-sensitive prostate cancer in combination with docetaxel). January 2023.

Darolutamide drug monograph. Ontario Health (Cancer Care Ontario).

Smith MR, Hussain M, Saad F, et al. Darolutamide and Survival in Metastatic, Hormone-Sensitive Prostate Cancer. N Engl J Med. 2022 Mar 24;386(12):1132-1142. doi: 10.1056/NEJMoa2119115.

August 2025 Updated Pregnancy section

back to top

M - Disclaimer

Regimen Abstracts

A Regimen Abstract is an abbreviated version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). It is intended for healthcare providers and is to be used for informational purposes only. It is not intended to constitute or be a substitute for medical advice, and all uses of the Regimen Abstract are subject to clinical judgment. Such information is provided on an "as-is" basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information's quality, accuracy, currency, completeness, or reliability, and Cancer Care Ontario disclaims all liability for the use of this information, and for any claims, actions, demands or suits that arise from such use.

Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.

Regimen Monographs

Refer to the New Drug Funding Program or Ontario Public Drug Programs websites for the most up-to-date public funding information.

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back to top