Regimen Monograph

 Regimen Name
 Drug Regimen
 Cycle Frequency
 Premedication and Supportive Measures
 Dose Modifications
 Adverse

 Effects
 Interactions
 Drug Administration and Special Precautions
 Recommended Clinical Monitoring
 Administrative

 Information
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A - Regimen Name

TAFA(MNT) Regimen

Tafasitamab (maintenance)

Disease Site Hematologic

Lymphoma - Non-Hodgkin's Intermediate Grade

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.

This **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). 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.

Rationale and Uses

For maintenance treatment in relapsed or refractory diffuse large B-cell lymphoma, after completion of LENA+TAFA

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B - Drug Regimen

As maintenance treatment after completing 12 cycles of LENA+TAFA, in patients with stable disease or better:

tafasitamab 12 mg /kg IV Days 1, 15

(This drug is not currently publicly funded for this regimen and intent)

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C - Cycle Frequency

REPEAT EVERY 28 DAYS

Until disease progression or unacceptable toxicity

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D - Premedication and Supportive Measures

Antiemetic Regimen: Low

Premedication for Tafasitamab (prophylaxis for infusion reactions):

Premedication is optional for subsequent tafasitamab infusions, if there was no IR in the first 3 infusions in LENA+TAFA.

If premedication is required, give 30 minutes to 2 hours prior to starting the tafasitamab infusion:

- antipyretic,
- histamine receptor antagonists (H1 and H2),
- and/or glucocorticosteroids

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J - Administrative Information

Approximate Patient Visit 3 hours

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K - References

Salles G, Duell J, González Barca E, et al. Tafasitamab plus lenalidomide in relapsed or refractory diffuse large B-cell lymphoma (L-MIND): a multicentre, prospective, single-arm, phase 2 study. Lancet Oncol. 2020 Jul;21(7):978-88.

July 2023 Changed tafasitamab to unfunded (universal compassionate program has ended)

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M - Disclaimer

Regimen Abstracts

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Regimen Monographs

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

The information set out in the drug monographs, regimen monographs, appendices and symptom management information (for health professionals) contained in the Drug Formulary (the "Formulary") is intended for healthcare providers and is to be used for informational purposes only. The information is not intended to cover all possible uses, directions, precautions, drug interactions or adverse effects of a particular drug, nor should it be construed to indicate that use of a particular drug is safe, appropriate or effective for a given condition. The information in the Formulary is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. All uses of the Formulary are subject to clinical judgment and actual prescribing patterns may not follow the information provided in the Formulary.

The format and content of the drug monographs, regimen monographs, appendices and symptom management information contained in the Formulary will change as they are reviewed and revised on a periodic basis. The date of last revision will be visible on each page of the monograph and regimen. Since standards of usage are constantly evolving, it is advised that the Formulary not be used as the sole source of information. It is strongly recommended that original references or product monograph be consulted prior to using a chemotherapy regimen for the first time.

Some Formulary documents, such as the medication information sheets, regimen information sheets and symptom

management information (for patients), are intended for patients. Patients should always consult with their healthcare provider if they have questions regarding any information set out in the Formulary documents.

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