

The CANCER CENTRE at the QUEEN ELIZABETH HOSPITAL, EDGBASTON, BIRMINGHAM B15 2TH

Oral Anticancer Medicine Rota

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Patient label:	Hb	Na ⁺	Height		
	WCC	K ⁺	Weight		
	Nts	U	BSA		
	Plt	Cr			
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Page:	1 OF 1	Valid until:	Next Review	Pharmacist:	E Purslow
Reference: SmPC for Darolutamide					
Darolutamide for non-metastatic castration resistant prostate cancer (nmCRPC)					

Please supply

Pharmacy use - quantity

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DOSE

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- Starting dose usually 600mg BD
 - Dose reduced to 300mg BD in the event of toxicity.
 - Taken continuously with food
 - Available as 300mg tablets

Further Information

- Patient should be referred to pharmacist for counselling prior to starting first cycle.
 - Darolutamide is a high cost drug and funding must be sorted before starting treatment.
 - Darolutamide is metabolised by CYP3A4 and therefore the concomitant use of strong CYP3A4/ P-gp inducers (phenytoin, rifampicin, St John's Wort, carbamazepine, phenobarbital) should be avoided. Caution with CYP3A4 inhibitors (ritonavir, ketoconazole, itraconazole, erythromycin, clarithromycin, grapefruit juice).
 - Darolutamide is a BCRP, OATP1B1/1B3 inhibitor. Avoid use of rosuvastatin with Darolutamide. Other substrates such as methotrexate, sulfasalazine, fluvastatin, atorvastatin, pitavastatin should be monitored closely for increased toxicity.
 - Darolutamide is a mild CYP3A4 inducer. Increased monitoring is needed for CYP3A4 substrates with narrow therapeutic window e.g. warfarin.
 - Darolutamide tablets may prolong the QT interval and should therefore be avoided in patients taking other drugs known to have the same effect.

Additional medication – drug and dose

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BLOOD TESTS

Hepatic function: No recommended reduction in mild impairment. In **moderate or severe impairment** - starting dose is 300 mg twice daily.

Renal function: < 30ml/min - starting dose 300 mg twice daily.

Haematology: Neuts $< 1.0 \times 10^9 /L$ or plts $< 100 \times 10^9 /L$ contact prescriber. Reduced neutrophils common with longer treatment.

Frequency

Baseline results needed.
Then monitor monthly.
Frequency may be
reduced to 3 monthly in
stable patients.

Prescriber's Name

Bhāskaracārya's Name

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