

Regimen Reference Order – HEME – cladribine (Langerhans)

ARIA: HEME - [cladribine (Langerhans)]

Planned Course: Once daily for 5 days (1 cycle = 28 days) for 6 cycles

Indication for Use: Langerhans histiocytosis

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 $75 \times 10^9/L$*
- *Creatinine clearance is equal to or greater than 30 mL/minute*
- ❖ **Contact Hematologist if parameters not met**

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
allopurinol*	300 mg	Orally once daily for 10 days to begin 3 days prior to Cycle 1 and at provider's discretion for subsequent cycles (Self-administered at home) *Only patients at risk of tumor lysis syndrome will be prescribed allopurinol

Treatment Regimen – HEME – cladribine (Langerhans)

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
Days 1 to 5		
cladribine	5 mg/m ²	IV in normal saline 500 mL over 2 hours
All doses will be automatically rounded that fall within the Approved Dose Bands. See Dose Banding document for more information		

In the event of an infusion-related hypersensitivity reaction, refer to the 'Hypersensitivity Reaction Standing Order'

REQUIRED MONITORING

Day 1

- CBC, serum creatinine, electrolytes, liver enzymes, LDH, uric acid and albumin as per Physician Orders

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
sulfamethoxazole-trimethoprim	800/160 mg	Orally twice daily on Saturdays and Sundays only
valACYclovir	500 mg	Orally once daily
metoclopramide	10 – 20 mg	Orally every 4 hours as needed for nausea and vomiting

DISCHARGE INSTRUCTIONS

- Instruct patient to continue taking anti-emetic(s) at home
- Remind patient to take valACYclovir (shingles prophylaxis) and sulfamethoxazole-trimethoprim (*Pneumocystis jirovecii* pneumonia prophylaxis) at home
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

- valACYclovir and sulfamethoxazole-trimethoprim continue during and for 3 months after last dose of cladribine given due to risk of prolonged immunosuppression
- Patients on cladribine require irradiated blood products