

## Regimen Reference Order – LYMP – riTUXimab + temozolomide

ARIA: LYMP - [riTUXimab + temozolomide]

Planned Course: Every 28 days up to a maximum of 12 cycles

Indication for Use: Primary Central Nervous System (CNS) Lymphoma

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  $100 \times 10^9/L$**

❖ **Contact Hematologist if parameters not met**

## SEQUENCE OF MEDICATION ADMINISTRATION

### Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Not Applicable		

### Treatment Regimen – LYMP – riTUXimab + temozolomide

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
<b>Cycle 1</b>		
<b>Days 1 to 5</b>		
ondansetron	16 mg	Orally once daily 30 minutes prior to temozolomide on <b>Days 1 to 5</b> <b>(Self-administered at home)</b>
temozolomide	150 mg/m <sup>2</sup>	Orally once daily on an empty stomach on <b>Days 1 to 5</b> Swallow whole <b>(Self-administered at home)</b>
<b>Day 1 ONLY</b>		
cetirizine	10 mg	Orally 30 minutes prior to riTUXimab
acetaminophen	650 mg	Orally 30 minutes prior to riTUXimab
dexamethasone	20 mg	IV in normal saline 50 mL over 15 minutes
<b>Wait 30 minutes after completion of IV pre-medication(s) before starting riTUXimab</b>		
riTUXimab (IV brand name specific)	375 mg/m <sup>2</sup>	<b>Slow infusion (if greater than 6 months since last riTUXimab dose or no previous riTUXimab):</b> IV made up to a final concentration of 1 mg/mL in normal saline. Start at 50 mg/hr for 60 minutes and escalate infusion rate in 50 mg/hr increments every 30 minutes to a maximum of 400 mg/hr <i>*Nursing Alert: IV tubing is primed with riTUXimab</i> <i>*Alert: Ensure brand name on prescription label (indicated in brackets on prescription label) matches prescribed order</i> <i>*Alert: Pharmacy to ensure final volume on label</i>

		<b>OR</b>
		<p><b>Slow infusion:</b> (if equal to or less than 6 months since last riTUXimab dose): IV made up to a final concentration of 1 mg/mL in normal saline. Start at 100 mg/hr for 30 minutes and escalate infusion rate in 100 mg/hr increments every 30 minutes to a maximum of 400 mg/hr</p> <p><i>*Nursing Alert: IV tubing is primed with riTUXimab</i></p> <p><i>*Alert: Ensure brand name on prescription label (indicated in brackets on prescription label) matches prescribed order</i></p> <p><i>*Alert: Pharmacy to ensure final volume on label</i></p>
<b>Cycles 2 to 4</b>		
<b>Days 1 to 5</b>		
ondansetron	16 mg	Orally once daily 30 minutes prior to temozolomide on <b>Days 1 to 5</b> <b>(Self-administered at home)</b>
temozolomide	150 mg/m <sup>2</sup> to 200 mg/m <sup>2</sup> *	Orally once daily on an empty stomach on <b>Days 1 to 5</b> Swallow whole <b>(Self-administered at home)</b> Dose may be increased to 200 mg/m <sup>2</sup> <b>at physician's discretion</b>
<b>Day 1 ONLY</b>		
cetirizine	10 mg	Orally 30 minutes prior to riTUXimab
acetaminophen	650 mg	Orally 30 minutes prior to riTUXimab
riTUXimab (IV brand name specific)	375 mg/m <sup>2</sup>	<p><b>Rapid infusion:</b> IV in normal saline over 90 minutes: Infuse 50 mL of a 250 mL bag (or 100 mL of a 500 mL bag) over 30 minutes, then infuse the remaining 200 mL (or 400 mL of a 500 mL bag) over 60 minutes</p> <p><i>*Nursing Alert: IV tubing is primed with riTUXimab</i></p> <p><i>*Alert: Ensure brand name on prescription label (indicated in brackets on prescription label) matches prescribed order</i></p> <p><i>*Alert: Pharmacy to ensure final volume on label</i></p>
		<b>OR</b>
		<p><b>Slow infusion:</b> IV made up to a final concentration of 1 mg/mL in normal saline. Start at 100 mg/hr for 30 minutes and escalate infusion rate in 100 mg/hr increments every 30 minutes to a maximum of 400 mg/hr</p> <p><i>*Nursing Alert: IV tubing is primed with riTUXimab</i></p> <p><i>*Alert: Ensure brand name on prescription label (indicated in brackets on prescription label) matches prescribed order</i></p> <p><i>*Alert: Pharmacy to ensure final volume on label</i></p>
<b>Cycles 5 to 12</b>		
<b>Days 1 to 5</b>		
ondansetron	16 mg	Orally once daily 30 minutes prior to temozolomide on <b>Days 1 to 5</b> <b>(Self-administered at home)</b>

temozolomide	150 mg/m <sup>2</sup> to 200 mg/m <sup>2</sup> *	Orally once daily on an empty stomach on <b>Days 1 to 5</b> Swallow whole <b>(Self-administered at home)</b> Dose may be increased to 200 mg/m <sup>2</sup> <b>at physician's discretion</b>
<b>*At prescriber's discretion, temozolomide dose may be increased to 200 mg/m<sup>2</sup> at Cycle 2 or subsequent cycles</b>		
All doses will be automatically rounded that fall within CCMB Approved Dose Bands. See Dose Banding Document for more information		
temozolomide available dosage strengths: 5 mg, 20 mg, 100 mg, 140 mg and 250 mg capsules Classification: Cytotoxic, Hazardous		

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

## REQUIRED MONITORING

All Cycles

Day 1

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

INTRAVENOUS riTUXimab

- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O<sub>2</sub> saturation) prior to each dose and as clinically indicated
- No observation period is required. Patient can be discharged from treatment room if stable whether they had a reaction or not

## Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
metoclopramide	10 – 20 mg	Orally every 4 hours as needed for nausea and vomiting

## DISCHARGE INSTRUCTIONS

- Patients should be instructed to contact their cancer team immediately if symptoms of hypersensitivity reactions occur after discharge
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of temozolomide

## ADDITIONAL INFORMATION

- Administering nurse must document any infusion-related reactions with any dose of riTUXimab
- riTUXimab must be given by intravenous infusion with this regimen (not to be given via subcutaneous injection)
- Ensure there were **no Grade 3 or 4** infusion-related reactions with any previous dose prior to administering riTUXimab via rapid infusion
- Intravenous riTUXimab formulation is available from more than one manufacturer and uses several different brand names. Brand name will be indicated in brackets after riTUXimab. **Ensure prescription label matches the brand name on prescribed order for intravenous riTUXimab**
- Note: At Cycle 2 and onwards**, an entry called "*Physician Reminder - temozolomide escalate 1 Units Insert Miscellaneous once*" will appear in the electronic drug order. **This prompt is to remind the prescriber to confirm that temozolomide dose can be increased to 200 mg/m<sup>2</sup>**
- All oral agents as part of this regimen (temozolomide, ondansetron, metoclopramide) will be dispensed by CCMB Pharmacy