

Regimen Reference Order – HEME – riTUXimab (Weekly X 4) ITP

ARIA: HEME – [riTUXimab(ITP)]

Planned Course: Weekly for 4 weeks

Indication for Use: Immune Thrombocytopenia

CVAD: At Provider’s Discretion

Proceed with treatment if:

Day 1

ANC equal to or greater than $1 \times 10^9/L$

Days 8, 15 and 22

No CBC required

❖ **Contact Hematologist if parameters not met**

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Not Applicable		

Treatment Regimen – HEME – riTUXimab (Weekly X 4) (ITP)

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
Day 1		
acetaminophen	650 mg	Orally 30 minutes prior to riTUXimab
dexamethasone	20 mg	IV in normal saline 50 mL over 15 minutes
diphenhydrAMINE	50 mg	IV in normal saline 50 mL over 15 minutes
riTUXimab	375 mg/m^2	<p><u>Slow infusion (if greater than 6 months since last riTUXimab dose or no previous riTUXimab administration):</u> 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 maximum of 400 mg/hr</p> <p><i>*Nursing Alert: IV tubing is primed with riTUXimab</i></p> <p>OR</p> <p><u>Slow infusion (if equal to or less than 6 months since last riTUXimab dose):</u> 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 maximum of 400 mg/hr</p> <p><i>*Nursing Alert: IV tubing is primed with riTUXimab</i></p>

Days 8, 15 and 22		
diphenhydrAMINE	50 mg	Orally 30 minutes prior to rituximab Must be given IV if ritUXimab intravenous
acetaminophen	650 mg	Orally 30 minutes prior to ritUXimab
ritUXimab	375 mg/m ²	<p>Slow infusion: 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 maximum of 400 mg/hr</p> <p><i>*Nursing Alert: IV tubing is primed with ritUXimab</i></p> <p>OR</p> <p>Rapid infusion: 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>Concentration dependent drug: Pharmacy will adjust diluent volume to ensure drug stability</i></p>

Flush after ritUXimab:

- 50 mL over 6 minutes (500 mL/hr)

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

REQUIRED MONITORING

- CBC as per physician order. Proceed with treatment regardless of blood counts on Days 8, 15, 22
- INTRAVENOUS route
 - Full vital signs (temperature, heart rate, blood pressure, respiration and O₂ saturation) prior to 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
Not Applicable		

DISCHARGE INSTRUCTIONS

- Patients should be instructed to contact their cancer team immediately if symptoms of hypersensitivity reactions occur after discharge

ADDITIONAL INFORMATION

- This Regimen Reference Order applies to ITP or other hematological indications
- Administering nurse must document any infusion-related reactions with any dose of ritUXimab
- Ensure there were no Grade 3 or 4 infusion-related reaction with the previous dose prior to administering ritUXimab via Rapid Infusion