Regimen Reference Order – CLL – fludarabine (IV)

ARIA: - CLL – [fludarabine (IV)]

Planned Course: Every 28 days for 6 cycles
Indication for Use: Chronic Lymphocytic Leukemia

CVAD: At Provider's Discretion

Proceed with treatment if:

- ***Creatinine clearance greater than 30 mL/minute***

Cycle 1

- ***Proceed with treatment regardless of CBC***

Cycle 2 onwards

- ***ANC equal to or greater than 1 x 10^9/L AND Platelets equal to or greater than 50 x 10^9/L***
  - ❖ **Contact Hematologist if parameters not met**

Note: Hepatitis B serology results must be reviewed in accordance with CCMB Policy Hepatitis B Monitoring for Oncology and Hematology Patients

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 – CLL – fludarabine (IV)

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
Days 1 to 5		
fludarabine	25 mg/m^2	IV in normal saline 50 mL over 30 minutes

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

REQUIRED MONITORING

Hepatitis B serology

- Hepatitis B surface antigen and Hepatitis B core antibody (drawn within preceding 5 years)

All Cycles

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

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
valACYclovir	500 mg	Orally once daily
sulfamethoxazole-trimethoprim	800/160 mg	Orally twice daily on Saturdays and Sundays ONLY
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
- valACYclovir is prescribed for herpes zoster (shingles) prophylaxis
- sulfamethoxazole-trimethoprim DS is prescribed for *Pneumocystis jirovecii* pneumonia prophylaxis
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

- Patients on fludarabine should receive irradiated blood products
- Due to the risk of reactivation of Hepatitis B virus (HBV) while on this treatment regimen, prescriber must adhere to CCMB Policy ***Hepatitis B Monitoring for Oncology and Hematology Patients*** for ordering and interpreting HBV serology and prescribing antiviral prophylaxis
- valACYclovir and sulfamethoxazole-trimethoprim DS continue while on treatment and for 6 months after discontinuation of fludarabine due to risk of prolonged immunosuppression