Regimen Reference Order – CLL – riTUXimab + chlorambucil

ARIA: CLL - [riTUXimab + chlorambucil]

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

CVAD: At Provider's Discretion

Proceed with treatment if:

Prior to Day 1 of Cycle 1 ONLY

Proceed with treatment regardless of CBC

Prior to Days 1 and 15 of each cycle

- ANC equal to or greater than 1 x 109/L
- Platelet decrease is less than 50% from pre-treatment value (prior to Cycle 1, Day 1)
 - 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				
ı	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		

Establish primary solution 500 mL of: normal saline			
Drug Dose CCMB Administration Guideline			
Cycle 1 Day 1			
acetaminophen	650 mg	Orally 30 minutes prior to riTUXimab	
	40 mg	IV in normal saline 50 mL over 15 minutes	

riTUXimab (IV brand name specific)	375 mg/m ²	Slow infusion (if greater than 6 months since last riTUXimab dose or no previous riTUXimab): 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 *Nursing Alert: IV tubing is primed with riTUXimab *Alert: Ensure brand name on prescription label (indicated in brackets on prescription label) matches prescribed order *Alert: Pharmacy to ensure final volume on label
chlorambucil	0.25 mg/kg	Orally once on an empty stomach. Swallow whole (Self-administered at home)
Day 15		
chlorambucil	0.25 mg/kg	Orally once on an empty stomach. Swallow whole (Self-administered at home)
Cycles 2 to 6		
Days 1 and 15		
chlorambucil	0.25 mg/kg to 0.5 mg/kg	Orally once on an empty stomach on Days 1 and 15 Swallow whole (Self-administered at home) Dose may be increased to 0.5 mg/kg at Cycle 2 at physician's discretion
Day 1 (SUBCUTANEO	US riTUXimab)	
cetirizine	10 mg	Orally 30 minutes prior to riTUXimab
acetaminophen	650 mg	Orally 30 minutes prior to riTUXimab
dexamethasone	40 mg	Orally 30 minutes prior to riTUXimab
riTUXimab (Subcutaneous)	1600 mg (1600 mg = 13.4 mL)	Subcutaneous: Administer over 7 minutes into abdomen Syringe should be held in hand for 5 minutes to warm up and decrease viscosity Use 25G needle *Nursing Alert: Ensure subcutaneous riTUXimab formulation is used (riTUXimab-hyaluronidase, human)
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Day 1 (INTRAVENOU	S riTI (Ximah)	OR
cetirizine	10 mg	Orally 30 minutes prior to riTUXimab
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acetaminophen	∣ 650 mg	Urally 50 Hillipites prior to HTOAllian
acetaminophen dexamethasone	650 mg	IV in normal saline 50 mL over 15 minutes



riTUXimab (IV brand name specific)	500 mg/m ²	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 a maximum of 400 mg/hr
		*Nursing Alert: IV tubing is primed with riTUXimab
		*Alert: Ensure brand name on prescription label (indicated in brackets on prescription label) matches prescribed order
		*Alert: Pharmacy to ensure final volume on label
		OR
		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
		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)

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)

Day 1

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

Day 15

• CBC as per Physician Orders

INTRAVENOUS riTUXimab

- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O₂ saturation) prior to each dose and as clinically indicated
- No observation period is required after riTUXimab administration. Patient can be discharged from treatment room if stable whether they had a reaction or not

SUBCUTANEOUS riTUXimab

- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O₂ saturation) prior to dose, at <u>discharge</u>, and as clinically indicated
- 15-minute observation period required after each dose



Recommended Support Medications					
Drug	Dose	CCMB Administration Guideline			
ondansetron	8 mg	Orally 30 minutes prior to chlorambucil on Days 1 and 15			
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
- Instruct patient to continue taking anti-emetic(s) at home
- chlorambucil is a cancer therapy in this treatment regimen. Remind patient to take chlorambucil at home (Days 1 and 15)
- · chlorambucil is stored in the refrigerator
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

- 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
- Note that this regimen has a higher riTUXimab dose Cycle 2 onwards
- · Administering nurse must document any infusion-related reactions with any dose of riTUXimab
- Ensure there were **no Grade 3 or 4** infusion-related reactions with any previous dose prior to administering riTUXimab via subcutaneous injection or 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

