Regimen Reference Order – CLL – idelalisib + riTUXimab

ARIA: CLL – [idelalisib + riTUXimab]

Planned Course: **8 doses of riTUXimab and oral idelalisib until disease progression or unacceptable toxicity**
Cycle Length: 28 Days

Indication for Use: **Chronic Lymphocytic Leukemia**

CVAD: At Provider's Discretion

Proceed with treatment if:

***ANC equal to or greater than 0.9 x 10^9/L AND Platelets equal to or greater than 75 x 10^9/L* for FIRST DOSE of riTUXimab**

ANC equal to or greater than 0.5 X 10^9/L AND Platelets equal to or greater than 75 x 10^9/L* for DOSES 2 to 8 *of riTUXimab

- **Contact Physician if parameters not met**

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Not applicable		

Treatment Regimen – LYMP – idelalisib + riTUXimab

Establish primary solution: 500 mL of normal saline

Drug	Dose	CCMB Administration Guideline
dexamethasone	40 mg	IV prior to Dose 1 of riTUXimab
	20 mg	IV prior to Doses 2 to 8 of riTUXimab
diphenhydrAMINE	50 mg	IV in normal saline 50 mL over 15 minutes prior to each riTUXimab dose
acetaminophen	650 mg	Orally prior to each riTUXimab dose
riTUXimab	375 mg/m^2	IV for dose 1
	500 mg/m^2	IV every 2 weeks for 4 doses Then every 4 weeks for 3 doses If patient did not have any infusion-related reactions for first dose of riTUXimab, then riTUXimab may be given via rapid infusion protocol for doses 2 to 8
idelalisib	150 mg	Orally twice daily (to be taken at home by patient)
Cycle length = 28 Days		

Flush after each medication:

- 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

Dose 1

- CBC, biochemistry, glucose as per physician order
- Hepatitis B serology and Hemoglobin A1C at baseline
- CMV via PCR at baseline
- Full vital signs (temperature, heart rate, respiration, blood pressure and O_2 saturation) at baseline
- If patient experiences infusion-related reaction during any riTUXimab infusion, a 2 hour observation period is recommended

Dose 2 and onwards

- CBC, biochemistry, glucose as per physician order
- Full vital signs (temperature, heart rate, respiration, blood pressure and O_2 saturation) at baseline
- If patient experiences infusion-related reaction during any riTUXimab infusion, a 2 hour observation period is recommended
- CMV via PCR to be performed once monthly while on idelalisib. If patient is experiencing symptoms of CMV viremia, then CMV via PCR should be monitored more frequently (i.e. once weekly)

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
sulfamethoxazole-trimethoprim DS	800/160mg	Orally twice daily on Saturdays and Sundays only
valACYclovir	500 mg	Orally once daily
allopurinol	300 mg	Orally once daily for patients at risk of tumor lysis syndrome

DISCHARGE INSTRUCTIONS

- Instruct patient to continue taking anti-emetic(s) at home
- Patient is to continue taking valACYclovir and sulfamethoxazole-trimethoprim while on treatment and for 6 months after discontinuation of idelalisib treatment.
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

- Patient should report severe diarrhea, shortness of breath or rash to clinic
- The following dose modification table below has been adapted from the product monograph for Idelalisib

Event	Grade 1-2	Grade 3	Grade 4
Gastrointestinal			
Diarrhea/Colitis	For Grade 1, provide anti-diarrheal (e.g., loperamide) and maintain ZYDELIG dose. For Grade 2, withhold ZYDELIG and monitor at least weekly until resolved to Grade ≤1.	Withhold ZYDELIG. Consider addition of anti-inflammatory agent (e.g., sulfasalazine, budesonide). Monitor at least weekly until resolved to Grade ≤1, then may resume ZYDELIG at 100 mg BID.	
Hematologic			
Neutropenia	Maintain ZYDELIG dose.	Maintain ZYDELIG dose. Monitor ANC at least weekly.	Interrupt ZYDELIG. Monitor ANC at least weekly until ANC ≥ 0.5 G/L, then may resume ZYDELIG at 100 mg BID.
Hepatic			
ALT/AST Elevation	Maintain ZYDELIG dose. Monitor at least weekly until ALT/AST are ≤1 x ULN.	Withhold ZYDELIG. Monitor at least weekly until ALT/AST are ≤1 x ULN, then may resume ZYDELIG at 100 mg BID.	
Respiratory			
Pneumonitis	Interrupt ZYDELIG and evaluate for signs of infection: • If non-infectious etiology or association with ZYDELIG treatment is suspected, discontinue treatment. • If infectious etiology established, monitor until resolved, then may resume ZYDELIG at 100 mg BID.		
Skin			
Rash	For Grade 1, maintain ZYDELIG dose. For Grade 2, withhold ZYDELIG until Grade ≤1.	Withhold ZYDELIG. Monitor at least weekly until resolved to Grade ≤1, then may resume ZYDELIG at 100 mg BID.	
Abbreviations: ALT, alanine aminotransferase; AST, aspartate aminotransferase; BID, twice daily; ULN, upper limit of normal			