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 regardless of blood counts***

Prior to Days 1 and 15 of each cycle
- ***ANC equal to or greater than 1 x 10^9/L***
- ***Platelet decrease is less than 50% from pre-treatment value (prior to Cycle 1, Day 1)***
  - ❖ **Contact Hematologist if parameters not met**

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 *Only patients at risk of tumor lysis syndrome will be prescribed allopurinol

Treatment Regimen – CLL – riTUXimab + chlorambucil

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
dexamethasone	40 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	**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 maximum of 400 mg/hr *Nursing Alert: IV tubing is primed with riTUXimab*
chlorambucil	0.25 mg/kg	Orally once. Can be taken any time of day **(Self-administered at home)**

Day 15		
chlorambucil	0.25 mg/kg	Orally once**.** Can be taken any time of day **(Self-administered at home)**
Cycle 2 onwards		
Days 1 and 15		
chlorambucil	0.25 mg/kg to 0.5 mg/kg	Orally once. Can be taken any time of day **(Self-administered at home)** Dose may be increased to 0.5 mg/kg **at Cycle 2 at physician's discretion**
Day 1 (SUBCUTANEOUS riTUXimab)		
acetaminophen	650 mg	Orally 30 minutes prior to riTUXimab
dexamethasone	40 mg	Orally 30 minutes pre-chemotherapy
diphenhydrAMINE	50 mg	Orally 30 minutes pre-chemotherapy
riTUXimab	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)*
OR		
Cycle 2 onwards		
Day 1 (INTRAVENOUS riTUXimab)		
acetaminophen	650 mg	Orally 30 minutes prior to riTUXimab
dexamethasone	40 mg	IV in normal saline 50 mL over 15 minutes
diphenhydrAMINE	50 mg	IV in normal saline 50 mL over 15 minutes
riTUXimab	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 maximum of 400 mg/hr **Nursing Alert: IV tubing is primed with riTUXimab* **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 *Concentration dependent drug. Pharmacy will adjust diluent volume to ensure drug stability*
chlorambucil (Leukeran®) available dosage strengths: 2 mg tablets **Classification: Cytotoxic, Hazardous**		

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

Day 1

- CBC, serum creatinine, total bilirubin, AST, ALT, uric acid as per Physician Orders

Day 15

- CBC as per Physician Orders

INTRAVENOUS riTUXimab

- Full vital signs (temperature, heart rate, blood pressure, respiration and O_2 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

SUBCUTANEOUS riTUXimab

- Full vital signs (temperature, heart rate, blood pressure, respiration and O_2 saturation) prior to dose, at discharge, 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 – 6 hours as needed for nausea and vomiting

DISCHARGE INSTRUCTIONS

- Instruct patient to continue taking anti-emetic(s) at home
- Patients should be instructed to contact their cancer team immediately if symptoms of hypersensitivity reactions occur after discharge
- 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

- 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 any previous dose prior to administering riTUXimab via Subcutaneous injection or Rapid Infusion
- Note that this regimen has a higher riTUXimab dose Cycle 2 onwards