Regimen Reference Order – LYMP – fludarabine (oral) + riTUXimab

ARIA: LYMP - [R-fludarabine (po)]

Planned Course: Every 28 days for 6 cycles Indication for Use: Non-Hodgkin Lymphoma

CVAD: At Provider's Discretion

Proceed with treatment if:

- ANC equal to or greater than $1 \times 10^9/L$ AND Platelets equal to or greater than $75 \times 10^9/L$
- Creatinine clearance greater than 30 mL/minute
 - 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

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 (Self-administered at home)		
		Only patients at risk of tumor lysis syndrome will be prescribed allopurinol		
		Note: allopurinol should not be prescribed beyond 10 days unless under the direction of the hematologist. See <i>Additional Information</i>		

Trea	Treatment Regimen – LYMP – fludarabine (oral) + riTUXimab			
Establish primary solution 500 mL of: normal saline				
Drug	Dose	CCMB Administration Guideline		
Cycle 1				
Day 1				
cetirizine	10 mg	Orally 30 minutes prior to riTUXimab		
acetaminophen	650 mg	Orally 30 minutes prior to riTUXimab		
dexamethasone	20 mg	IV in normal saline 50 mL over 15 minutes		
Wait 30 minutes after	completion of IV pre	e-medication(s) before starting riTUXimab		
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: Pharmacy to ensure final volume on label *Alert: Ensure brand name on prescription label (indicated in brackets on prescription label) matches prescribed order		



DOL1		CLE Hudarabille (oral) + III Oxillian	
		OR	
		Slow infusion (if equal to or less than 6 months since last riTUXimab dose): 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	
fludarabine	40 mg/m ² (round to nearest 10 mg)	Orally once with or without food Swallow whole (Self-administered at home)	
Days 2 to 5			
fludarabine	40 mg/m ² (round to nearest 10 mg)	Orally once daily with or without food Swallow whole (Self-administered at home)	
Cycle 2 and Onward	s		
Day 1			
cetirizine	10 mg	Orally 30 minutes prior to riTUXimab	
acetaminophen	650 mg	Orally 30 minutes prior to riTUXimab	
dexamethasone	12 mg	Orally 30 minutes prior to riTUXimab	
Wait 30 minutes after	completion of IV pre-me	edication(s) before starting riTUXimab	
riTUXimab (Subcutaneous)	1400 mg (1400 mg = 11.7 mL)	Subcutaneous: Administer over 5 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		
riTUXimab (IV brand name specific)	375 mg/m ²	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 *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	



fludarabine	40 mg/m ² (round to nearest	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 Orally once with or without food Swallow whole
	10 mg)	(Self-administered at home)
Days 2 to 5		
fludarabine	40 mg/m ² (round to nearest 10 mg)	Orally once daily with or without food Swallow whole (Self-administered at home)
All doses will be a	utomatically rounded that fa	all within CCMB Approved Dose Bands. See Dose Banding document for
-	OARA®) available dosage stro otoxic, Hazardous	ength: 10 mg tablets

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

Day 1

• CBC, serum creatinine, urea, electrolytes, liver enzymes, LDH, total bilirubin, uric acid and albumin 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. 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 each dose, <u>at</u> <u>discharge</u> and as clinically indicated
- 15-minute observation period required after each dose



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

- 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) and support medications at home
- Treatment room nurse to provide oral fludarabine on Day 1 of each cycle. fludarabine is a cancer therapy in this treatment regimen. Remind patient to take fludarabine at home
- 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
- · 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
- Patients on fludarabine should receive irradiated blood products
- valACYlovir (shingles prophylaxis) and sulfamethoxazole-trimethoprim (*Pneumocystis jirovecii* pneumonia prophylaxis) continue while on treatment and for 6 months after discontinuation of treatment due to risk of prolonged immunosuppression
- Unless patient was taking allopurinol for gout or other reasons unrelated to the patient's underlying lymphoma, allopurinol should not be prescribed with cycle 2 and onwards unless directed by hematologist
- 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
- Oral fludarabine is dispensed by the pharmacy site that prepares the riTUXimab

