Regimen Reference Order

LYMP – R-CD (Waldenstrom macroglobulinemia)

ARIA: LYMP – [R-CD (Waldenstroms)]

Planned Course: Every 21 days for 6 cycles
Indication for Use: Waldenstrom macroglobulinemia

CVAD: At Provider's Discretion

Proceed with treatment if:
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
Instruct patient to start vigorous oral pre-hydration (600-900 mL) the morning of cyclophosphamide treatment **(Self-administered at home)**		
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 *Additional Information*

Treatment Regimen – LYMP – R-CD (Waldenstrom macroglobulinemia)

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-medication(s) before starting riTUXimab		

riTUXimab (IV brand name specific)	375 mg/m^2	**<u>Slow infusion</u> (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* **OR** **<u>Slow infusion</u> (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: Pharmacy to ensure final volume on label* **Alert: Ensure brand name on prescription label (indicated in brackets on prescription label) matches prescribed order*
cyclophosphamide	100 mg/m^2	Orally twice daily with breakfast and supper Swallow whole **(Self-administered at home)**
Days 2, 3, 4 and 5		
cyclophosphamide	100 mg/m^2	Orally twice daily with breakfast and supper Swallow whole **(Self-administered at home)**
Cycle 2 and onwards (SUBCUTANEOUS riTUXimab)		
Day 1		
cetirizine	10 mg	Orally 30 minutes prior to riTUXimab
acetaminophen	650 mg	Orally 30 minutes prior to riTUXimab
dexamethasone	20 mg	Orally 30 minutes prior to riTUXimab
Wait 30 minutes after completion of IV pre-medication(s) before starting riTUXimab		
riTUXimab (Subcutaneous)	1400 mg (1400 mg = 11.7 mL)	**<u>Subcutaneous</u>:** 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)*
cyclophosphamide	100 mg/m^2	Orally twice daily with breakfast and supper Swallow whole **(Self-administered at home)**

Days 2, 3, 4 and 5		
cyclophosphamide	100 mg/m^2	Orally twice daily with breakfast and supper Swallow whole **(Self-administered at home)**
OR		
Cycle 2 and Onwards (INTRAVENOUS riTUXimab)		
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-medication(s) before starting riTUXimab		
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
		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*
cyclophosphamide	100 mg/m^2	Orally twice daily with breakfast and supper Swallow whole **(Self-administered at home)**
Days 2, 3, 4 and 5		
cyclophosphamide	100 mg/m^2	Orally twice daily with breakfast and supper Swallow whole **(Self-administered at home)**
All doses will be automatically rounded that fall within CCMB Approved Dose Bands. See Dose Banding document for more information		
cyclophosphamide available dosage strengths: 25 mg and 50 mg tablets **Classification: Cytotoxic, Hazardous**		

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, electrolytes, liver enzymes, LDH, total bilirubin, uric acid, albumin and serum immunoglobulins as per Physician Orders

INTRAVENOUS riTUXimab
- Full vital signs (temperature, heart rate, respiratory rate, blood pressure 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, respiratory rate, blood pressure and O_2 saturation) prior to each dose, at discharge and as clinically indicated
- **15-minute observation period required after each dose**

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
None required		

DISCHARGE INSTRUCTIONS

- Patients should be instructed to contact their cancer team immediately if symptoms of hypersensitivity reactions occur after discharge
- Instruct patient to:
  - Maintain oral intake of 2000 mL (8 glasses) of fluid daily at home
  - Empty bladder every 2 hours while awake and at bedtime for 24 hours after each dose of cyclophosphamide
  - Obtain immediate assistance as per your clinic's contact instructions if:
    - Symptoms of hemorrhagic cystitis (e.g. dysuria, hematuria)
    - Unable to drink recommended amount of fluid
- cyclophosphamide is a cancer therapy in this treatment regimen. Remind patient to take cyclophosphamide at home
- Patients should notify clinic prior to starting any new medication. Medications in this regimen have potential for drug-drug interactions
- Avoid grapefruit and grapefruit juice, Seville oranges (i.e. orange marmalade), and starfruit
- 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
- 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**
- 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