Regimen Reference Order

LYMP – R-DHAP (SUBCUTANEOUS injection or RAPID IV riTUXimab)

ARIA: LYMP – [R-DHAP (SUBCUT @ Cycle #1)]

Planned Course: Every 21 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 x 10^9/L AND Platelets equal to or greater than 75 x 10^9/L***
- ***Creatinine clearance greater than 45 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 *Additional Information*
prednisoLONE 1% eye drops	2 drops	Instill 2 drops into each eye every 4 hours while awake beginning the morning that cytarabine starts and continue until 48 hours after the last dose of cytarabine

Treatment Regimen – LYMP – R-DHAP (SUBCUTANEOUS injection or RAPID IV riTUXimab)

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
Day 1		
cetirizine	10 mg	Orally 30 minutes prior to riTUXimab
acetaminophen	650 mg	Orally 30 minutes prior to riTUXimab
dexamethasone	40 mg	IV in normal saline 50 mL over 15 minutes
Wait 30 minutes after completion of IV pre-medication(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 **Alert:* *rapid infusion and subcutaneous route not to be used for riTUXimab naïve patients* **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:* *rapid infusion and subcutaneous route not to be used for riTUXimab naïve patients* **Alert:* *Pharmacy to ensure final volume on label*
magnesium sulfate	2 g	IV in normal saline 1000 mL over 2 hours (Pre hydration)
aprepitant	125 mg	Orally 1 hour pre-chemotherapy
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
CISplatin	100 mg/m^2	IV in normal saline 500 mL over 1 hour **Alert:* *CISplatin infusion must be complete prior to mannitol administration*
mannitol	12.5 g	IV in normal saline 1000 mL over 2 hours (Post hydration)
Days 2 and 3		
aprepitant	80 mg	Orally 1 hour pre-chemotherapy
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	40 mg	Orally 30 minutes pre-chemotherapy
cytarabine	2000 mg/m^2	IV in normal saline 500 mL over 3 hours
Day 4		
dexamethasone	40 mg	Orally once in the morning with food **(Self-administered at home)**
All doses will be automatically rounded that fall within CCMB Approved Dose Bands. See Dose Banding document for more information		

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 and albumin as per Physician Orders
- Baseline blood pressure prior to magnesium infusion and repeat 15 minutes after start of magnesium infusion

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 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
filgrastim (brand name specific) *(See Filgrastim Clinical Guide)*	5 mcg/kg (rounded to nearest 300 mcg or 480 mcg)	Subcutaneous once daily for 7 days to start on Day 6
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
- Ensure patient receives filgrastim supply if patient is self-administering at home
- Instruct patient to continue taking anti-emetic(s) at home
- dexamethasone is a cancer therapy in this treatment regimen. Remind patient to take dexamethasone at home
- cytarabine can cause conjunctivitis. Remind patient to instill prednisoLONE eye drops until 48 hours after the last dose of cytarabine. If patient continues to have signs and symptoms of conjunctivitis, then please contact prescribing hematologist for further instructions
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

- CISplatin is ototoxic and nephrotoxic
- CISplatin can cause hypomagnesemia
- cytarabine can cause mental confusion
- 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
- 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
- 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**