Regimen Reference Order – LYMP – R-bendamustine

ARIA: LYMP – [BR]
LYMP – [BR (Split Day SLOW on Cycle 1)]

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 x 10^9/L AND Platelets equal to or greater than 75 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
Not Applicable		

Treatment Regimen – LYMP – R-bendamustine

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-medications 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: 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: Ensure brand name on prescription label (indicated in brackets on prescription label) matches prescribed order* **Alert: Pharmacy to ensure final volume on label*
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
bendamustine	90 mg/m^2	IV in normal saline 500 mL over 1 hour
normal saline	100 mL	IV over 12 minutes
Day 2		
ondansetron**	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone**	12 mg	Orally 30 minutes pre-chemotherapy
bendamustine	90 mg/m^2	IV in normal saline 500 mL over 1 hour
normal saline	100 mL	IV over 12 minutes
****If BR is split over three days, give dexamethasone 12 mg and ondansetron prior to bendamustine on Day 3**		
Cycle 2 and onwards		
Day 1		
cetirizine	10 mg	Orally 30 minutes prior to riTUXimab
acetaminophen	650 mg	Orally 30 minutes prior to riTUXimab
dexamethasone	12 mg	IV in normal saline 50 mL over 15 minutes
Wait 30 minutes after completion of IV pre-medications 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)*
	OR	
riTUXimab (IV brand name specific)	375 mg/m^2	**<u>Rapid infusion</u>**: 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*
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
bendamustine	90 mg/m^2	IV in normal saline 500 mL over 1 hour
normal saline	100 mL	IV over 12 minutes
Day 2		
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy
bendamustine	90 mg/m^2	IV in normal saline 500 mL over 1 hour
normal saline	100 mL	IV over 12 minutes
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

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 O_2 saturation) at baseline and as clinically indicated
- No observation period is required after riTUXimab administration. 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) at baseline, at discharge and as clinically indicated
- **15-minute observation period required after each dose**

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
dexamethasone	8 mg	Orally once daily on Days 3 and 4 ***If BR is split over three days, dexamethasone is given once daily on Days 4 and 5*
valACYclovir	500 mg	Orally once daily (at physician's discretion)
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) 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
- valACYclovir may be prescribed for herpes zoster (shingles) prophylaxis
- Herpes zoster prophylaxis should be considered in patients with:
    - A history of shingles or recurrent cold sores
    - Treatment with bendamustine in the relapsed setting
- allopurinol is not routinely prescribed with bendamustine containing regimens as the use of allopurinol given concomitantly with bendamustine can increase the risk of serious skin reactions
- 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**