# Regimen Reference Order – LYMP – brentuximab vedotin

**ARIA: LYMP – [brentuximab vedotin]**

**Planned Course:** Every 21 days up to a maximum of 16 cycles

**Indication for Use:** Hodgkin Lymphoma (Relapsed/Refractory or Consolidation post autologous stem cell transplant)

OR

Systemic Anaplastic Large Cell Lymphoma, Relapsed/Refractory

OR

Primary Cutaneous Anaplastic Large Cell Lymphoma or Mycosis Fungoides

**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 |
|---|---|---|
| allopurinol | 300 mg | Orally once daily for 10 days to begin 3 days prior to Cycle 1<br>**(Self-administered at home)**<br>Only patients at risk of tumor lysis syndrome will be prescribed allopurinol<br>Note: allopurinol should not be prescribed beyond 10 days unless under the direction of the hematologist. See *Additional Information* |

### Treatment Regimen – LYMP – brentuximab vedotin

**Establish primary solution 500 mL of: normal saline**

| Drug | Dose | CCMB Administration Guideline |
|---|---|---|
| cetirizine | 10 mg | Orally 30 minutes prior to brentuximab vedotin |
| acetaminophen | 650 mg | Orally 30 minutes prior to brentuximab vedotin |
| dexamethasone | 12 mg | IV in normal saline 50 mL over 15 minutes |
| **Wait 30 minutes after completion of IV pre-medications before starting brentuximab vedotin** | | |
| brentuximab vedotin | 1.8 mg/kg; maximum dose 180 mg | IV in normal saline 100 mL over 30 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

- CBC, serum creatinine, urea, electrolytes, liver enzymes, total bilirubin, uric acid and glucose as per Physician Orders
- Assess for neuropathy prior to every cycle
- 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 brentuximab vedotin administration. Patient can be discharged from treatment room if stable whether they had a reaction or not

**Recommended Support Medications**

| Drug | Dose | CCMB Administration Guideline |
|---|---|---|
| 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
- brentuximab vedotin has potential for significant drug-drug interactions. Patients should notify clinic prior to starting any new medication
- Avoid grapefruit and grapefruit juice, Seville oranges (i.e. orange marmalade) and starfruit
- Reinforce safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

## ADDITIONAL INFORMATION

- brentuximab vedotin can cause peripheral neuropathy
- 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