Regimen Reference Order – LYMP – lenalidomide + riTUXimab (R^2)

ARIA: LYMP - [lenalidomide + riTUXimab]

Planned Course: **Cycle 1: riTUXimab (Days 1, 8, 15 and 22) + lenalidomide, then**
Cycles 2 to 5: riTUXimab (Day 1) + lenalidomide, then
Cycle 6 and Onwards: lenalidomide until disease progression or unacceptable toxicity up to a maximum of 1 year total (1 cycle = 28 days)

Indication for Use: **Follicular or Marginal Zone Lymphoma, Relapsed/Refractory**

CVAD: At Provider's Discretion

Proceed with treatment if:

Day 1

- ***ANC equal to or greater than 1 x 10^9/L AND Platelets equal to or greater than 30 x 10^9/L***
- ***Creatinine clearance equal to or greater than 30 mL/minute***

Day 15 (Cycles 1 and 2 only)

- ***ANC equal to or greater than 1 x 10^9/L AND Platelets equal to or greater than 30 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 **(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 – lenalidomide + riTUXimab (R^2)

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
Cycle 1 – lenalidomide + riTUXimab		
lenalidomide	**Patients with creatinine clearance between 30 to 60 mL/minute:** 10 mg	Orally once daily on **Days 1 to 21**, followed by 7 days off Take with or without food. Swallow whole **(Self-administered at home)**

	Patients with creatinine clearance equal to or greater than 60 mL/minute: 20 mg	
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	**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** **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*
Days 8, 15 and 22		
cetirizine	10 mg	Orally 30 minutes prior to riTUXimab
acetaminophen	650 mg	Orally 30 minutes prior to 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
		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
Cycles 2 to 5 – lenalidomide + riTUXimab		
lenalidomide	**Patients with creatinine clearance between 30 to 60 mL/minute:** 10 mg or 15 mg	Orally once daily on **Days 1 to 21, followed by 7 days off** Take with or without food. Swallow whole **(Self-administered at home)** *Alert: Beginning with Cycle 3 for patients on lenalidomide 10 mg starting dose, dose may be increased to 15 mg daily if patient did not experience grade 3 or 4 cytopenias
	Patients with creatinine clearance equal to or greater than 60 mL/minute: 20 mg	
Day 1		
cetirizine	10 mg	Orally 30 minutes prior to riTUXimab
acetaminophen	650 mg	Orally 30 minutes prior to 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** **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*
Cycles 6 to 12 – lenalidomide		
lenalidomide	**Patients with creatinine clearance between 30 to 60 mL/minute:** 10 mg or 15 mg **Patients with creatinine clearance equal to or greater than 60 mL/minute:** 20 mg	Orally once daily on **Days 1 to 21**, followed by 7 days off Take with or without food. Swallow whole **(Self-administered at home)** **Alert:* Beginning with Cycle 3 for patients on lenalidomide 10 mg starting dose, dose may be increased to 15 mg daily if patient did not experience grade 3 or 4 cytopenias
All doses will be automatically rounded that fall within CCMB Approved Dose Bands. See Dose Banding Document for more information		
lenalidomide (REVLIMID®) available dosage strengths: 2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg and 25 mg capsules **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)

Throughout Therapy
- TSH every 3 months as per Physician Orders

Cycle 1 only
Days 8 & 15
- Nurse assessment for tumor flare

Cycles 1 and 2
Day 1

- CBC, serum creatinine, urea, electrolytes, liver enzymes, LDH, total bilirubin, uric acid and albumin as per Physician Orders

Day 15

- CBC

Days 8 & 22

- No blood work required

Cycles 3 to 12
Day 1

- CBC, serum creatinine, urea, electrolytes, liver enzymes, LDH, total bilirubin, uric acid and albumin as per Physician Orders

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**

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

Per Reddy2Assist Program – See Additional Information

- Patients of childbearing potential require βHCG according to Reddy2Assist Program requirements

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
acetylsalicylic acid (ASA) enteric coated	81 mg delayed release	Orally once daily

DISCHARGE INSTRUCTIONS

- Patients should be instructed to contact their cancer team immediately if symptoms of hypersensitivity reactions occur after discharge
- This regimen can cause tumor flare. Advise patient to report signs and symptoms of tumor flare
- lenalidomide is a cancer therapy in this treatment regimen. Remind patient to take lenalidomide at home
- Remind patient to take ASA (antiplatelet) at home
- Reinforce applicable safe handling precautions of medications, blood and body fluids while on lenalidomide

ADDITIONAL INFORMATION

- This regimen can cause tumor flare. Monitor patients for tender lymph node swelling, low grade fever, pain and rash
- 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**
- Patients should take therapy to prevent blood clots on lenalidomide. The majority of patients will be prescribed acetylsalicylic acid (ASA) enteric coated 81 mg once daily. Patients at high risk may be prescribed other anticoagulants instead of acetylsalicylic acid
- 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
- lenalidomide is teratogenic
- Patients of childbearing potential will require monthly pregnancy tests (βHCG) that must be done within 7 days of the next prescription fill
- Patients need to be enrolled in the Reddy2Assist Program. lenalidomide can only be given to patients who are registered with and meet all conditions of the Reddy2Assist Program
- lenalidomide will be dispensed by CCMB Pharmacy