Regimen Reference Order – LYMP – riTUXimab + temozolomide

ARIA: LYMP - [riTUXimab + temozolomide]

Planned Course: Every 28 days up to a maximum of 12 cycles
Indication for Use: Primary Central Nervous System (CNS) 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 100 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 – riTUXimab + temozolomide

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
Cycle 1		
Days 1 to 5		
ondansetron	16 mg	Orally once daily 30 minutes prior to temozolomide on **Days 1 to 5** **(Self-administered at home)**
temozolomide	150 mg/m^2	Orally once daily on an empty stomach on **Days 1 to 5** Swallow whole **(Self-administered at home)**
Day 1 ONLY		
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: 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 4		
Days 1 to 5		
ondansetron	16 mg	Orally once daily 30 minutes prior to temozolomide on **Days 1 to 5** **(Self-administered at home)**
temozolomide	150 mg/m^2 to 200 mg/m^2*	Orally once daily on an empty stomach on **Days 1 to 5** Swallow whole **(Self-administered at home)** Dose may be increased to 200 mg/m^2 **at physician's discretion**
Day 1 ONLY		
cetirizine	10 mg	Orally 30 minutes prior to riTUXimab
acetaminophen	650 mg	Orally 30 minutes prior to riTUXimab
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 **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: 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 5 to 12		
Days 1 to 5		
ondansetron	16 mg	Orally once daily 30 minutes prior to temozolomide on **Days 1 to 5** **(Self-administered at home)**
temozolomide	150 mg/m^2 to 200 mg/m^2*	Orally once daily on an empty stomach on **Days 1 to 5** Swallow whole **(Self-administered at home)** Dose may be increased to 200 mg/m^2 **at physician's discretion**
At prescriber's discretion, temozolomide dose may be increased to 200 mg/m^2 at Cycle 2 or subsequent cycles		
All doses will be automatically rounded that fall within CCMB Approved Dose Bands. See Dose Banding Document for more information		
temozolomide available dosage strengths: 5 mg, 20 mg, 100 mg, 140 mg and 250 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)

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) 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

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
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of temozolomide

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
- riTUXimab must be given by intravenous infusion with this regimen (not to be given via subcutaneous injection)
- Ensure there were **no Grade 3 or 4** infusion-related reactions with any previous dose prior to administering riTUXimab via 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**
- **Note: At Cycle 2 and onwards**, an entry called "***Physician Reminder - temozolomide escalate 1 Units Insert Miscellaneous once"*** will appear in the electronic drug order. **This prompt is to remind the prescriber to confirm that temozolomide dose can be increased to 200 mg/m^2**
- All oral agents as part of this regimen (temozolomide, ondansetron, metoclopramide) will be dispensed by CCMB Pharmacy