Regimen Reference Order – LYMP – R-bendamustine

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

Planned Course: **Every 28 days until disease progression or unacceptable toxicity**
Indication for Use: **Non-Hodgkin's 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**

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 and at provider's discretion for subsequent cycles * Only patients at risk of tumor lysis syndrome will be prescribed allopurinol

Treatment Regimen – LYMP – R-bendamustine

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
Cycle 1		
Day 1		
acetaminophen	650 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	20 mg	IV in normal saline 50 mL over 15 minutes
diphenhydrAMINE	50 mg	IV in normal saline 50 mL over 15 minutes
riTUXimab	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 maximum of 400 mg/hr *Nursing Alert: IV tubing is primed with riTUXimab* **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 maximum of 400 mg/hr *Nursing Alert: IV tubing is primed with riTUXimab*

ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
bendamustine	90 mg/m^2	IV in normal saline 500 mL over 1 hour *Concentration dependent drug. Pharmacy will adjust diluent volume to ensure drug stability*
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 *Concentration dependent drug. Pharmacy will adjust diluent volume to ensure drug stability*
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		
acetaminophen	650 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	12 mg	IV in normal saline 50 mL over 15 minutes prior to riTUXimab
diphenhydrAMINE	50 mg	IV in normal saline 50 mL over 15 minutes
riTUXimab	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	
	375 mg/m^2	**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 maximum of 400 mg/hr **Nursing Alert: IV tubing is primed with riTUXimab* **OR** **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 *Concentration dependent drug: Pharmacy will adjust diluent volume to ensure drug stability*
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
bendamustine	90 mg/m^2	IV in normal saline 500 mL over 1 hour *Concentration dependent drug. Pharmacy will adjust diluent volume to ensure drug stability*
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 *Concentration dependent drug. Pharmacy will adjust diluent volume to ensure drug stability*
normal saline	100 mL	IV over 12 minutes
All doses will be automatically rounded that fall within the DSG Approved Dose Bands. See LYMP DSG – Dose Banding document for more information		

Flush after each medication:

- 50 mL over 6 minutes (500 mL/hr)

In the event of an infusion-related hypersensitivity reaction, refer to the '**Hypersensitivity Reaction Standing Order'**

REQUIRED MONITORING

Day 1

- CBC, serum creatinine, urea, AST, ALT, total bilirubin, uric acid, sodium, potassium, calcium, albumin, magnesium, phosphate as per Physician Orders

INTRAVENOUS riTUXimab

- Full vital signs (temperature, heart rate, blood pressure, respiration 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

SUBCUTANEOUS riTUXimab

- Full vital signs (temperature, heart rate, blood pressure, respiration and O_2 saturation) prior to dose, at discharge, and as clinically indicated
- **15 minute observation period required after each dose**

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
ondansetron	8 mg	Orally 12 hours after chemotherapy on Days 1 and 2 and then every 12 hours as needed beginning Day 3
dexamethasone	8 mg	Orally once daily on Days 3 and 4
valACYclovir	500 mg	Orally once daily (at physician's discretion)

DISCHARGE INSTRUCTIONS

- Instruct patient to continue taking anti-emetic(s) at home
- 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 chemotherapy

ADDITIONAL INFORMATION

- Herpes zoster prophylaxis should be considered in patients with:
    - A history of shingles or recurrent cold sores
    - Treatment with bendamustine in the relapsed setting
- Administering nurse must document any infusion related-reactions with any dose of riTUXimab
- Ensure there were **no Grade 3 or 4** infusion-related reaction with any previous dose prior to administering riTUXimab via Subcutaneous injection or Rapid Infusion