Regimen Reference Order – LYMP – riTUXimab (Weekly X 4)

ARIA: LYMP – [riTUXimab (weekly)]

Planned Course: **Weekly for 4 weeks**
Indication for Use: **Non-Hodgkin Lymphoma**

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 75 x 10^9/L***

Days 8, 15 and 22

- ***No CBC required***
  - **Contact Hematologist if parameters not met**

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Not Applicable		

Treatment Regimen – LYMP – riTUXimab (Weekly X 4)

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
Day 1		
acetaminophen	650 mg	Orally 30 minutes prior to riTUXimab
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):** 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*

Days 8, 15 and 22		
diphenhydrAMINE	50 mg	Orally 30 minutes prior to rituximab Must be given IV if riTUXimab intravenous
acetaminophen	650 mg	Orally 30 minutes prior to riTUXimab
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*
	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*

Flush after riTUXimab:

- 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

- CBC on Day 1 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
Not Applicable		

DISCHARGE INSTRUCTIONS

- Patients should be instructed to contact their cancer team immediately if symptoms of hypersensitivity reactions occur after discharge

ADDITIONAL INFORMATION

- 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 the previous dose prior to administering riTUXimab via Subcutaneous injection or Rapid Infusion or