Regimen Reference Order – BMT – plerixafor

ARIA: BMT – [Plerixafor- CrCl greater than 50 mL/min]
BMT – [Plerixafor- CrCl less than or equal to 50 mL/min]

Planned Course: **Single dose on the day before planned autologous stem cell collection**
Indication for Use: **Stem cell mobilization, Pre-emptive or Salvage**

CVAD: Not Required

Blood work at Leukemia/BMT (L/BMT) Physician discretion

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Not Applicable		

Treatment Regimen – BMT – plerixafor*

Drug	Dose	CCMB Administration Guideline
plerixafor	**If estimated creatinine clearance is greater than 50 mL/min:** 0.24 mg/kg Maximum dose 24 mg	Subcutaneous injection once to be given after 1700 hours **Nursing Alert: Subcutaneous injection into the abdominal region*
	If estimated creatinine clearance is less than or equal to 50 mL/min: 0.16 mg/kg Maximum dose 24 mg	
plerixafor (Mozobil®) available dosage strength: 24 mg per 1.2 mL (single use vial) **Classification: Non-Cytotoxic, Hazardous**		
* L/BMT Clinic will advise the patient if they need to return at 0740 hours the next day to have a STAT CD34 level drawn to check effect of plerixafor or if the patient is to come at 0800 hours for collection to begin		

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

REQUIRED MONITORING

All doses

- Blood work as per Physician Orders
- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O_2 saturation) at baseline and as clinically indicated
- Observe patient for 30 minutes after administration. Full vital signs prior to discharge

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
None required		

DISCHARGE INSTRUCTIONS

- Patients should be instructed to contact their cancer team immediately if symptoms of hypersensitivity reactions occur after discharge
- Diarrhea/stomach upset may occur and is usually self- limiting. Patient may take loperamide 2 mg orally as needed

ADDITIONAL INFORMATION

- Allergic reactions and anaphylactic shock have been rarely reported with plerixafor. Symptoms usually develop within thirty minutes of administration and include urticaria, periorbital swelling, dyspnea, and/or hypoxia. Symptoms usually resolve with supportive treatment (e.g., antihistamines, corticosteroids, hydration, or supplemental oxygen)
- plerixafor has been shown to decrease blood pressure in patients receiving plerixafor and G-CSF
- plerixafor has been associated with an asymptomatic shortening of the PR interval. Caution should be observed in patients with conditions such as Wolff-Parkinson-White syndrome, Lown-Ganong-Levine syndrome or atrioventricular nodal rhythm disorders
- To order plerixafor in ARIA, support protocols are available in the Bone Marrow Transplant folder