Regimen Reference Order – CLL – R-CD

ARIA: CLL – [R-CD]

Planned Course: Every 28 days for 6 cycles
Indication for Use: Autoimmune hemolytic anemia

CVAD: At Provider's Discretion

Proceed with treatment if:

Cycle 1

- **Proceed with treatment regardless of CBC**

Cycles 2 to 6

- **ANC and platelets are the same or greater than pre-treatment value *(prior to Cycle 1, Day 1)***
  - ❖ **Contact Hematologist if parameters not met**

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Not Applicable		

Treatment Regimen – CLL – R-CD

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
Cycle 1		
Day 1		
cetirizine	10 mg	Orally 30 minutes prior to riTUXimab
acetaminophen	650 mg	Orally 30 minutes prior to riTUXimab
dexamethasone	40 mg	IV in normal saline 50 mL over 15 minutes
Wait 30 minutes after completion of IV pre-medications 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 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

		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
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
cyclophosphamide	750 mg/m^2	IV in normal saline 250 mL over 1 hour
Days 2 to 7		
dexamethasone	12 mg	Orally once daily in the morning with food **(Self-administered at home)**
Cycle 2 onwards		
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-medications before starting 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	**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 *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** **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 Concentration dependent drug: Pharmacy will adjust diluent volume to ensure drug stability *Alert: Pharmacy to ensure final volume on label
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
cyclophosphamide	750 mg/m^2	IV in normal saline 250 mL over 1 hour

Days 2 to 7		
dexamethasone	12 mg	Orally once daily in the morning with food **(Self-administered at home)**
All doses will be automatically rounded that fall within the DSG Approved Dose Bands. See LYMP DSG – Dose Banding document for more information		

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

REQUIRED MONITORING

All Cycles
Day 1

- CBC, serum creatinine, urea, liver enzymes, electrolytes, 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) at baseline and as clinically indicated
- No observation period is required after riTUXimab administration. Patient can be discharged from treatment room if stable whether they had a reaction or not

SUBCUTANEOUS riTUXimab

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

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
sulfamethoxazole-trimethoprim	800/160mg	Orally twice daily on Saturdays and Sundays only
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
- Instruct patient to:
  - Continue taking anti-emetic(s) at home
  - Maintain oral intake of 2000 mL (8 glasses) of fluid daily at home
  - Empty bladder every 2 hours while awake and at bedtime for 24 hours
  - Obtain immediate assistance as per your clinic's contact instructions if:
    - Symptoms of hemorrhagic cystitis (e.g. dysuria, hematuria)
    - Unable to drink recommended amount of fluid
- sulfamethoxazole-trimethoprim is prescribed for *Pneumocystis jirovecii* pneumonia prophylaxis. Remind patient to take sulfamethoxazole-trimethoprim at home
- dexamethasone is a cancer therapy in this treatment regimen. Remind patient to take dexamethasone at home
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

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 reactions with any previous dose prior to administering riTUXimab via Rapid Infusion or Subcutaneous injection
- 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**