Regimen Reference Order – CLL – R-bendamustine

ARIA: CLL – [bendamustine + riTUXimab]

Planned Course: **Every 28 days for 6 cycles**
Indication for Use: **Chronic Lymphocytic Leukemia**

CVAD: At Provider's Discretion

Proceed with treatment if:

Cycle 1

- ***Proceed with treatment regardless of CBC***

Cycle 2 and Onwards

- ***ANC equal to or greater than 1 x 10^9/L AND Platelets equal to or greater than 50 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 **(Self-administered at home)** *Only patients at risk of tumor lysis syndrome will be prescribed allopurinol

Treatment Regimen – CLL – R–bendamustine

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
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 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*
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		
dexamethasone**	12 mg	Orally 30 minutes pre-chemotherapy
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
****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		
cetirizine	10 mg	Orally 30 minutes prior to riTUXimab
acetaminophen	650 mg	Orally 30 minutes prior to riTUXimab
dexamethasone	12 mg	IV in normal saline 50 mL over 15 minutes
Wait 30 minutes after completion of IV pre-medications before starting riTUXimab		
riTUXimab (Subcutaneous)	1600 mg (1600 mg = 13.4 mL)	**Subcutaneous:** Administer **over 7 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)	500 mg/m^2	**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*
		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*
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		
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy
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
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

Day 1

- CBC, serum creatinine, urea, electrolytes, liver enzymes, 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
dexamethasone	8 mg	Orally once daily on Days 3 and 4
valACYclovir	500 mg	Orally once daily
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
- valACYclovir is prescribed for herpes zoster (shingles) prophylaxis. Remind patient to take valACYclovir 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 subcutaneous injection or rapid infusion
- valACYclovir continues while on treatment and for 6 months after discontinuation of treatment
- Note that this regimen has a higher riTUXimab dose Cycle 2 and onwards
- 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**