

Regimen Reference Order – LYMP – BEGEV

ARIA: LYMP - [BEGEV]

Planned Course: Every 21 days for 4 cycles

Indication for Use: Hodgkin Lymphoma, Relapsed/Refractory

CVAD: At Provider's Discretion (VESICANT INVOLVED)

Proceed with treatment if:

ANC equal to or greater than $1 \times 10^9/L$ AND Platelets equal to or greater than $75 \times 10^9/L$

❖ **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 – LYMP – BEGEV

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
Day 1		
predniSONE	100 mg	Orally once in the morning with food (Self-administered at home)
metoclopramide	10 mg	Orally 30 minutes pre-chemotherapy
vinorelbine	20 mg/m ²	IV in normal saline 50 mL over 6 to 10 minutes by gravity infusion <i>Slower or faster administration causes vein irritation</i>
normal saline	125 mL	IV over 15 minutes *Nursing Alert: This volume is to be administered after standard flush
gemcitabine	800 mg/m ²	IV in normal saline 250 mL over 30 minutes
Days 2 and 3		
predniSONE	100 mg	Orally once daily in the morning with food (Self-administered at home)
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
bendamustine	90 mg/m ²	IV in normal saline 500 mL over 1 hour
normal saline	100 mL	IV over 12 minutes

Day 4		
predniSONE	100 mg	Orally once in the morning with food (Self-administered at home)
metoclopramide	10 mg	Orally 30 minutes pre-chemotherapy
gemcitabine	800 mg/m ²	IV in normal saline 250 mL over 30 minutes

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, electrolytes, liver enzymes, LDH, total bilirubin, uric acid and albumin as per Physician Orders

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
pegfilgrastim (brand name specific) <i>(See Filgrastim Clinical Guide)</i>	6 mg	Subcutaneous once on Day 6 <i>*Alert: pegfilgrastim to be given as a single dose once per chemotherapy cycle no sooner than 24 hours after chemotherapy</i>
valACYclovir	500 mg	Orally once daily
sulfamethoxazole-trimethoprim	800/160 mg	Orally once daily on Mondays, Wednesdays and Fridays
dexamethasone	8 mg	Orally once on Days 5
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
- Ensure patient receives pegfilgrastim supply if patient is self-administering at home
- predniSONE is a cancer therapy in this treatment regimen. Remind patient to take predniSONE at home
- Instruct patient to continue taking anti-emetic(s) and supportive care medications at home
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

- valACYclovir is prescribed for herpes zoster (shingles) prophylaxis
- Herpes zoster prophylaxis should be considered in patients with:
 - A history of shingles or recurrent cold sores
 - Treatment with bendamustine in the relapsed setting
- sulfamethoxazole-trimethoprim is prescribed for *Pneumocystis jirovecii* pneumonia prophylaxis