

Regimen Reference Order – LYMP – MATRIX

Planned Course: Every 21 days for 4 cycles

Indication for Use: Primary CNS Lymphoma

CVAD: At Provider’s Discretion

Proceed with treatment if:
Proceed with riTUXimab regardless of blood counts

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
None Required		

Treatment Regimen – LYMP – MATRIX

Drug	Dose	CCMB Administration Guideline
Cycle 1		
Day minus 5		
Establish primary solution 500 mL of: normal saline		
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 (IV brand name specific)	375 mg/m ²	<u>Slow infusion (if greater than 6 months since last riTUXimab dose or no previous riTUXimab):</u> 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 <i>*Nursing Alert: IV tubing is primed with riTUXimab</i> <i>*Alert: Ensure brand name on prescription label (indicated in brackets on prescription label) matches prescribed order</i> <i>*Alert: Pharmacy to ensure final volume on label</i>
		OR
		<u>Slow infusion (if equal to or less than 6 months since last riTUXimab dose):</u> 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

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Day 0		
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 (IV brand name specific)	375 mg/m ²	<p>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</p> <p><i>*Alert: Ensure brand name on prescription label (indicated in brackets on prescription label) matches prescribed order</i></p> <p><i>*Alert: Pharmacy to ensure final volume on label</i></p>
		OR
		<p>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</p> <p><i>*Nursing Alert: IV tubing is primed with riTUXimab</i></p> <p><i>*Alert: Ensure brand name on prescription label (indicated in brackets on prescription label) matches prescribed order</i></p> <p><i>*Alert: Pharmacy to ensure final volume on label</i></p>
Cycles 2 to 4		
Day minus 5 and Day 0		
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 (IV brand name specific)	375 mg/m ²	<p>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</p> <p><i>*Alert: Ensure brand name on prescription label (indicated in brackets on prescription label) matches prescribed order</i></p> <p><i>*Alert: Pharmacy to ensure final volume on label</i></p>
		OR

		<p>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</p> <p>*Nursing Alert: IV tubing is primed with riTUXimab</p> <p>*Alert: Ensure brand name on prescription label (indicated in brackets on prescription label) matches prescribed order</p> <p>*Alert: Pharmacy to ensure final volume on label</p>
All Cycles		
Day 1 to Day 4		
Patients will be admitted to hospital for methotrexate (Day 1), cytarabine (Days 2 and 3) and thiotepa (Day 4). Follow inpatient orders		
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 (Outpatient)

- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O₂ 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

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
Grastofil® (See Filgrastim Clinical Guide)	5 mcg/kg (rounded to nearest 300 mcg or 480 mcg)	Subcutaneously once daily for 7 days to start on Day 6

DISCHARGE INSTRUCTIONS

- Patients should be instructed to contact their cancer team immediately if symptoms of hypersensitivity reactions occur after discharge
- Advise patient to contact Leukemia/BMT physician on call if they encounter problems
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

- Refer to inpatient MATRIX orders for treatment given in hospital
- riTUXimab may be administered in the outpatient or inpatient setting
- 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
- riTUXimab rapid infusion not to be given on first dose (Cycle 1, Day minus 5)

- 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**