Regimen Reference Order – LYMP - PRALAtrexate

ARIA: LYMP – [PRALAtrexate]

Planned Course: **Once a week for 3 weeks, then 1 week off (28 day cycle) until disease progression or unacceptable toxicity**

Indication for Use: **Relapsed/Refractory Peripheral T Cell Lymphoma**

CVAD: At Provider's Discretion

Proceed with treatment if:

- ***ANC equal to or greater than 1 x 10^9/L AND Platelets equal to or greater than 50 x 10^9/L***
- ***Mucosal inflammation equal to or less than Grade 1 (refer to most recent version of Common Terminology Criteria for Adverse Events (CTCAE))***
  - ❖ **Contact Hematologist if parameters not met**

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
folic acid	1 mg	Orally once daily beginning 10 days prior to the first dose of PRALAtrexate and continuing daily until 30 days after the last dose of PRALAtrexate **(Self-administered at home)**
vitamin B12	1000 mcg	Intramuscular 7 – 14 days prior to the first dose of PRALAtrexate
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 – PRALAtrexate

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
Cycle 1		
Day 1		
dexamethasone	8 mg	Orally 30 minutes pre-chemotherapy
PRALAtrexate	10 mg/m^2	IV Push over 3 to 5 minutes via the side port of free-flowing normal saline

Day 8		
dexamethasone	8 mg	Orally 30 minutes pre-chemotherapy
PRALAtrexate	20 mg/m^2	IV push over 3 to 5 minutes via the side port of free-flowing normal saline
Day 15		
dexamethasone	8 mg	Orally 30 minutes pre-chemotherapy
PRALAtrexate	30 mg/m^2	IV push over 3 to 5 minutes via the side port of free-flowing normal saline
Cycle 2 and onwards		
Days 1, 8 and 15		
dexamethasone	8 mg	Orally 30 minutes pre-chemotherapy
PRALAtrexate	30 mg/m^2	IV push over 3 to 5 minutes via the side port of free-flowing normal saline
vitamin B12	1000 mcg	Intramuscular every 8 weeks throughout treatment **Nursing Alert*: vitamin B12 will be given on Day 1 of Cycle 3 and every 2 cycles thereafter (i.e. Cycle 5, 7, etc.)
All doses will be automatically rounded that fall within the DSG Approved Dose Bands. See LYMP DSG – Dose Banding document for more information		

Flush after each medication:

- 50 mL over 6 minutes (500 mL/hr)

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, total bilirubin, LDH, uric acid and albumin as per Physician Orders
- Mucositis assessment. Refer to most recent version of *Common Terminology Criteria for Adverse Events (CTCAE)*
- Dermatologic assessment for rash

Days 8 and 15

- CBC
- Nurse assessment for mucositis. Refer to most recent version of *Common Terminology Criteria for Adverse Events (CTCAE)*
- Dermatologic assessment for rash

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
leucovorin (tablets)	15 mg	Orally twice daily on Days 3 to 6, 10 to 13 and 17 to 20

metoclopramide	10 – 20 mg	Orally every 4 hours as needed for nausea and vomiting

DISCHARGE INSTRUCTIONS

- Instruct patient to continue taking folic acid and leucovorin at home
- vitamin B12 is part of this treatment regimen. Patient should notify clinic if they are receiving vitamin B12 for other indications
- Instruct patient to report skin reactions (i.e. rash) to clinic
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

- folic acid and vitamin B12 are prescribed to decrease PRALAtrexate toxicity
- PRALAtrexate can cause mucosal inflammation. leucovorin is prescribed to prevent mucosal inflammation caused by PRALAtrexate
- leucovorin will be dispensed by CCMB Pharmacy