Regimen Reference Order

LYMP – R-bendamustine + polatuzumab vedotin (SUBCUTANEOUS Injection or RAPID IV riTUXimab)

ARIA: LYMP – [BR + polatuzumab (SUBCUT)]

Planned Course: Every 21 days for 6 cycles
Indication for Use: Non-Hodgkin Lymphoma; Diffuse Large B Cell Lymphoma; Relapsed

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 75 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
LYMP – R-bendamustine + polatuzumab vedotin (SUBCUTANEOUS Injection or RAPID IV riTUXimab)

Drug	Dose	CCMB Administration Guideline
Establish primary solution 500 mL of: normal saline		
Day 1		
cetirizine	10 mg	Orally 30 minutes prior to riTUXimab
acetaminophen	650 mg	Orally 30 minutes prior to riTUXimab
dexamethasone	12 mg	Orally 30 minutes prior to 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)* **Alert: rapid infusion and subcutaneous route not to be used for riTUXimab naïve patients*

	OR	
riTUXimab (IV brand name specific)	375 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* **Alert: rapid infusion and subcutaneous route not to be used for riTUXimab naïve patients*
polatuzumab vedotin	1.8 mg/kg	IV in normal saline 100 mL • Dose 1 to be infused over 90 minutes • Dose 2 and subsequent to be infused over 30 minutes (if first dose well tolerated) *Use 0.2 or 0.22 micron filter* **Nursing Alert: bendamustine infusion starts after observation period is complete*
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 2		
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	12 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
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, electrolytes, liver enzymes, LDH, total bilirubin, uric acid and albumin as per Physician Orders
- Assess patient for neuropathy prior to every cycle

INTRAVENOUS riTUXimab

- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O_2 saturation) prior to each dose and as clinically indicated
- No observation period is required

SUBCUTANEOUS riTUXimab

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

Cycle 1 (polatuzumab vedotin)

- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O_2 saturation) at baseline and as clinically indicated
- Observe patient for **90 minutes** after polatuzumab vedotin infusion. Full vital signs after observation period. bendamustine begins after observation is complete

Cycle 2 and Onwards (polatuzumab vedotin)

- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O_2 saturation) at baseline and as clinically indicated
- Observe patient for **30 minutes** after polatuzumab vedotin infusion. Full vital signs after observation period. bendamustine begins after observation is complete

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
valACYclovir	500 mg	Orally once daily
dexamethasone	8 mg	Orally once daily on Days 3 and 4
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
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

- polatuzumab vedotin can cause peripheral neuropathy
- valACYclovir may be 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
- 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
- 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**