Regimen Reference Order – LYMP – brentuximab vedotin

ARIA: LYMP – [brentuximab vedotin]

Planned Course: Every 21 days up to a maximum of 16 cycles

Indication for Use: Hodgkin Lymphoma (Relapsed/Refractory or Consolidation post autologous stem cell transplant)

OR

Systemic Anaplastic Large Cell Lymphoma, Relapsed/Refractory

OR

Primary Cutaneous Anaplastic Large Cell Lymphoma or Mycosis Fungoides

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

- **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 – brentuximab vedotin

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
cetirizine	10 mg	Orally 30 minutes prior to brentuximab vedotin
acetaminophen	650 mg	Orally 30 minutes prior to brentuximab vedotin
dexamethasone	12 mg	IV in normal saline 50 mL over 15 minutes
Wait 30 minutes after completion of IV pre-medications before starting brentuximab vedotin		
brentuximab vedotin	1.8 mg/kg; maximum dose 180 mg	IV in normal saline 100 mL over 30 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

- CBC, serum creatinine, urea, electrolytes, liver enzymes, total bilirubin, uric acid and glucose as per Physician Orders
- Assess for neuropathy prior to every cycle
- 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 brentuximab vedotin 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
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
- brentuximab vedotin has potential for significant drug-drug interactions. Patients should notify clinic prior to starting any new medication
- Avoid grapefruit and grapefruit juice, Seville oranges (i.e. orange marmalade) and starfruit
- Reinforce safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

- brentuximab vedotin can cause peripheral neuropathy