Regimen Reference Order – LYMP – riTUXimab maintenance

Planned Course: **Every 12 weeks for 8 doses (2 years)**
Indication for Use: **Indolent Non-Hodgkin Lymphoma, Maintenance Therapy**

CVAD: At Provider's Discretion

Proceed with treatment if:
ANC equal to or greater than 1.2 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
Not Applicable		

Treatment Regimen – LYMP – riTUXimab maintenance

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
SUBCUTANEOUS riTUXimab		
cetirizine	10 mg	Orally 30 minutes prior to riTUXimab
acetaminophen	650 mg	Orally 30 minutes prior to riTUXimab
Wait 30 minutes after completion of IV pre-medications before starting 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* **Alert: *rapid infusion and subcutaneous route not to be used for riTUXimab naïve patients*
OR		
INTRAVENOUS riTUXimab		
cetirizine	10 mg	Orally 30 minutes prior to riTUXimab
acetaminophen	650 mg	Orally 30 minutes prior to riTUXimab
Wait 30 minutes after completion of IV pre-medications before starting riTUXimab		
riTUXimab (IV brand name specific)	375 mg/m^2	**Slow infusion: (if equal to or less than 6 months since last riTUXimab dose):** 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 maximum of 400 mg/hr **Nursing Alert: IV tubing is primed with riTUXimab* **Alert: Ensure brand name on prescription label (indicated in brackets on prescription label) matches prescribed order* **Alert: Pharmacy to ensure final volume on label* **OR** **Slow infusion: (if greater than 6 months since last riTUXimab dose):** 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 maximum of 400 mg/hr **Nursing Alert: IV tubing is primed with riTUXimab* **Alert: Ensure brand name on prescription label (indicated in brackets on prescription label) matches prescribed order* **Alert: Pharmacy to ensure final volume on label* **OR** **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: rapid infusion and subcutaneous route not to be used for riTUXimab naïve patients* **Alert: Ensure brand name on prescription label (indicated in brackets on prescription label) matches prescribed order* **Alert: Pharmacy to ensure final volume on label*

In the event of an infusion-related hypersensitivity reaction, refer to the '**Hypersensitivity Reaction Standing Order'**

REQUIRED MONITORING

All Cycles

- CBC as per Physician Orders

INTRAVENOUS riTUXimab

- 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 riTUXimab administration. Patient can be discharged from treatment room if stable whether they had a reaction or not

SUBCUTANEOUS riTUXimab

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

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
None Required		

DISCHARGE INSTRUCTIONS

- Patients should be instructed to contact their cancer team immediately if symptoms of hypersensitivity reactions occur after discharge

ADDITIONAL INFORMATION

- Administering nurse must document any infusion-related reactions with any dose of riTUXimab
- Ensure there were no **Grade 3 or 4** infusion-related reaction with the 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**