Regimen Reference Order – HEME – riTUXimab (Weekly x 4)

ARIA: HEME – [riTUXimab]

Planned Course: Weekly for 4 weeks
Indication for Use: Immune Thrombocytopenia (ITP) and other hematological indications

CVAD: At Provider's Discretion

Proceed with treatment if:

Day 1

- ***ANC equal to or greater than 1 x 10^9/L***

Days 8, 15 and 22

- ***Blood work not required to proceed with treatment***
  - ❖ **Contact Hematologist if parameters not met**

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Not Applicable		

Treatment Regimen – HEME – riTUXimab (Weekly x 4)

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
Day 1		
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	**Slow infusion (if greater than 6 months since last riTUXimab dose or no previous riTUXimab):** 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 **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 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 a 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*
Days 8, 15 and 22		
cetirizine	10 mg	Orally 30 minutes prior to riTUXimab
acetaminophen	650 mg	Orally 30 minutes prior to riTUXimab
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: Pharmacy to ensure final volume on label* *Concentration dependent drug: Pharmacy will adjust diluent volume to ensure drug stability*
		OR
		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 **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*
All doses will be automatically rounded that fall within the DSG Approved Dose Bands. See HEME 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

Day 1

- CBC, serum creatinine, urea, electrolytes, liver enzymes and uric acid as per Physician Orders

Days 8, 15 and 22

- No blood work required

riTUXimab monitoring

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

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

- This Regimen Reference Order applies to ITP or other hematological indications
- 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
- 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**