Regimen Reference Order – LYMP –R-DHAP (SLOW IV riTUXimab)

ARIA: LYMP – [R-DHAP (Split Day SLOW)]

Planned Course: Every 21 days for 6 cycles
Indication for Use: Non-Hodgkin 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 75 x 10^9/L*
- *Creatinine clearance greater than 45 mL/minute*
  - ❖ **Contact Hematologist if parameters not met**

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
prednisoLONE 1% eye drops	2 drops	Instill 2 drops into each eye every 4 hours while awake beginning the morning that cytarabine starts and continue until 48 hours after the last dose of cytarabine

Treatment Regimen – LYMP – R-DHAP (SLOW IV riTUXimab)

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
Day 1		
acetaminophen	650 mg	Orally 30 minutes prior to riTUXimab
dexamethasone	40 mg	IV in normal saline 50 mL over 15 minutes
diphenhydrAMINE	50 mg	IV in normal saline 50 mL over 15 minutes
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*
		OR

		<u>Slow infusion</u> (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*
Day 2		
magnesium sulfate	2 g	IV in normal saline 1000 mL over 2 hours (Pre hydration)
aprepitant	125 mg	Orally 1 hour pre-chemotherapy
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	40 mg	Orally 30 minutes pre-chemotherapy
CISplatin	100 mg/m^2	IV in normal saline 500 mL over 1 hour **Alert: CISplatin infusion must be complete prior to mannitol administration*
mannitol	12.5 g	IV in normal saline 1000 mL over 2 hours (Post hydration)
Days 3 and 4		
aprepitant	80 mg	Orally 1 hour pre-chemotherapy
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	40 mg	Orally 30 minutes pre-chemotherapy
cytarabine	2000 mg/m^2	IV in normal saline 500 mL over 3 hours
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, LDH, total bilirubin, uric acid and albumin as per Physician Orders

Day 2

- Baseline blood pressure prior to magnesium infusion and repeat 15 minutes after start of magnesium infusion

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

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
Grastofil® *(See Filgrastim Clinical Guide)*	5 mcg/kg (rounded to nearest 300 mcg or 480 mcg)	Subcutaneously once daily for 7 days to start on Day 6
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
- dexamethasone is a cancer therapy in this treatment regimen
- cytarabine can cause conjunctivitis. Remind patient to instill prednisoLONE eye drops until 48 hours after the last dose of cytarabine. If patient continues to have signs and symptoms of conjunctivitis, then please contact prescribing hematologist for further instructions
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

- CISplatin is ototoxic and nephrotoxic
- CISplatin can cause hypomagnesemia
- cytarabine can cause mental confusion
- Administering nurse must document any infusion-related reactions with any dose of riTUXimab
- 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**