Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BC Cancer treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care.

PROTOCOL CODE: LYRMTN

DOCTOR'S ORDERS

| Ht | cm | Wt | kg | BSA | m² |

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form.

DATE: ____________ To be given: ____________ Maintenance dose #

☐ Delay treatment _____ week(s)
☐ CBC & Diff and Platelets day of treatment

May proceed with doses as written if within 1 week ANC greater than or equal to $1.2 \times 10^9 /L$, Platelets greater than or equal to $75 \times 10^9 /L$

☐ Proceed with treatment based on blood work from ____________

PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm ____________.

For intravenous ritUXimab infusion:
- Diphenhydramine 50 mg PO prior to ritUXimab IV and then q 4 h if IV infusion exceeds 4 h
- Acetaminophen 650 mg to 975 mg PO prior to ritUXimab IV and then q 4 h if IV infusion exceeds 4 h
- Prednisone 50 mg PO prior to ritUXimab PRN

For subcutaneous ritUXimab injection:
- Diphenhydramine 50 mg PO prior to ritUXimab SC
- Acetaminophen 650 mg to 975 mg PO prior to ritUXimab SC
- Prednisone 50 mg PO prior to ritUXimab PRN

**Have Hypersensitivity Tray and Protocol Available**

TREATMENT:

☐ Patient on IV ritUXimab during active treatment:
- ritUXimab $375\, mg/m^2 \times BSA = \underline{\underline{\underline{}}} \, mg$
  - IV in 250 to 500 mL NS over 1 hour 30 minutes. Infuse 50 mL (or 100 mL of 500 mL bag) of the dose over 30 minutes, then infuse the remaining 200 mL (or 400 mL of 500 mL bag) over 1 hour.

Pharmacy to select ritUXimab IV brand as per Provincial Systemic Therapy Policy III-190

<table>
<thead>
<tr>
<th>Drug</th>
<th>Brand (Pharmacist to complete. Please print.)</th>
<th>Pharmacist Initial and Date</th>
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<tbody>
<tr>
<td>ritUXimab</td>
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For maintenance dose # 1, patients are to be under constant visual observation during all dose increases and for 30 minutes after infusion completed. For all subsequent maintenance doses (# 2-8), constant visual observation is not required. Vital signs are not required unless symptomatic.

If flushing, dyspnea, rigors, rash, pruritus, vomiting, chest pain, any other new acute discomfort or exacerbation of any existing symptoms occur, stop infusion and page physician.

Patient may leave if stable when infusion completed.

(Continued on page 2)

DOCTOR'S SIGNATURE: ________________________ SIGNATURE: ________________________

UC: ________________________
Patient on subcutaneous riTUXimab during active treatment:

riTUXimab (RITUXAN SC) 1400 mg (fixed dose in 11.7 mL) subcutaneously into abdomen over 5 minutes. Observe for 15 minutes after administration.

NB: During treatment with subcutaneous riTUXimab, administer other subcutaneous drugs at alternative injection sites whenever possible.

<table>
<thead>
<tr>
<th>RETURN APPOINTMENT ORDERS</th>
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<tbody>
<tr>
<td>☐ Return in <strong>three</strong> months (calculate in months, not weeks) for Doctor and next dose of maintenance riTUXimab.</td>
</tr>
<tr>
<td>☐ Last dose. Return in _______ months</td>
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CBC & Diff, platelets prior to each treatment.

☐ Other tests:

☐ Consults:

☐ See general orders sheet for additional requests.

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<thead>
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