**PROTOCOL CODE: ULYRITZ**

A BCCA “Compassionate Access Program” request form must be completed and approved prior to treatment.

### DOCTOR’S ORDERS

<table>
<thead>
<tr>
<th>Ht</th>
<th>cm</th>
<th>Wt</th>
<th>kg</th>
<th>BSA</th>
<th>m²</th>
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**REMINDER:** Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form.

**DATE:** To be given: Cycle #:

- [ ] CBC & Diff, Platelets day of treatment
- Proceed with treatment based on blood work from __________________________

**PREMEDICATIONS:**

- Patient to take own supply. RN/Pharmacist to confirm __________________________.
- diphenhydramINE 50 mg PO prior to treatment and 4 hours after beginning riTUXimab.
- acetaminophen 650-975 mg PO prior to treatment and 4 hours after beginning riTUXimab.
- Other: **Have Hypersensitivity Tray and Protocol Available**

**TREATMENT (to be delivered at VCC only)**

**DAY 1**

**riTUXimab (first dose)** 250 mg/m² x BSA = __________ mg IV in 250 mL NS over 2 to 8 hours on **day 1**

- [ ] Start infusion at 50 mg/h, after 60 minutes, increase by 50 mg/h every 30 minutes to maximum 400 mg/h unless toxicity occurs.
- [ ] Start infusion at 25 mg/h (strongly advised for patients with detectable circulating lymphoma cells)

**Patients are to be under constant visual observation during all dose increases and for 30 minutes after infusion completed. Vital signs are not required unless symptomatic.**

Patient may leave if stable 30 minutes after infusion completed.

**Second riTUXimab dose given on ONE of **DAY 7 or **DAY 8 or **DAY 9 (circle one)

**riTUXimab (subsequent dose)** 250 mg/m² x BSA = __________ mg IV in 250 mL NS over 2 to 8 hours on **ONE of day 7 or day 8 or day 9 (circle one)**

**Patients are to be under constant visual observation during all dose increases and for 30 minutes after infusion completed. Vital signs are not required unless symptomatic.**

If no adverse event seen with previous infusion, start infusion at 100 mg/h. Increase rate by 100 mg/h every 30 minutes to maximum 400 mg/h unless toxicity occurs.

Saline lock IV for transfer to Nuclear Medicine Dept.

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. After recovery of symptoms, restart riTUXimab infusion at one infusion rate below the rate at which the reaction occurred and continue with escalation of infusion rates on the appropriate schedule above. If the infusion must be stopped a second time, restart after clearance of symptoms, at one infusion rate lower and continue at that rate without further escalation.

### RETURN APPOINTMENT ORDERS

- [ ] Book chemo for day 1 and for the second riTUXimab dose on ONE of day 7 or day 8 or day 9. (Note: the second riTUXimab dose to be coordinated with Nuclear Medicine)
- [ ] RTC _________ weeks.

**CBC and Diff, Platelets, Creatinine, Bilirubin, ALT, AST** prior to day 1.

Post second riTUXimab dose i.e., post day 7 or day 8 or day 9: **CBC and Diff, Platelets** weekly x 12 weeks

- [ ] Other tests:
- [ ] Consults:
- [ ] See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**

BC Cancer Provincial Preprinted Order ULYRITZ

Created: April 4th, 2005 Revised: 1 May 2019