PROTOCOL CODE: LYCLADR

DOCTOR'S ORDERS

Ht_____cm Wt_____kg BSA_____m^2

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

DATE: **To be given:** **Cycle #: 1 of 1 (Weeks 1 to 8)**

Date of Previous Cycle:

☐ Delay treatment _____ week(s)

☐ **CBC & Diff** day of treatment

Week 1, Day 1: Proceed with full doses as ordered **regardless of hematologic blood counts, and baseline creatinine clearance greater than or equal to 70 mL/minute**.

Dose modification for: ☐ **Creatinine clearance** ☐ **Other toxicity**

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 q4h if IV infusion exceeds 4 hours

acetaminophen 650 mg to 975 mg PO prior to **riTUXimab IV** and then q4h if IV infusion exceeds 4 hours

For subcutaneous riTUXimab injection:

diphenhydrAMINE 50 mg PO prior to **riTUXimab subcutaneous**

acetaminophen 650 mg to 975 mg PO prior to **riTUXimab subcutaneous**

Ensure antiviral VZV prophylaxis is in place.

☐ **Other:**

TREATMENT:

WEEK 1:

If baseline creatinine clearance is greater than or equal to 70 mL/minute:

cladribine 0.15 mg/kg/day = _____ mg IV in 500 mL NS over 2 hours daily on **Days 1 to 5**.

OR

cladribine 0.15 mg/kg/day = _____ mg subcutaneous injection* daily on **Days 1 to 5**.

Dose modification if baseline creatinine clearance 30 to less than 70 mL/minute:

cladribine 0.15 mg/kg/day = _____ mg IV in 500 mL NS over 2 hours daily on **Days 1 to 3**.

OR

cladribine 0.15 mg/kg/day = _____ mg subcutaneous injection* daily on **Days 1 to 3**.

*cladribine is provided as 1 mg/mL solution. Subcutaneous administration requires several syringes to be administered therefore, IV route may be preferred.

WEEK 1 treatment orders continued on Page 2

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:

DATE:

****Have Hypersensitivity Tray and Protocol Available****

TREATMENT: (Continued)

WEEK 1 continued:

riTUXimab (first dose) 375 mg/m^2 x BSA = _____ mg

IV in 250 to 500 mL NS on **Day 1 only**. Start infusion at 50 mg/hour. After 1 hour, increase the rate by 50 mg/hour every 30 minutes until rate = 400 mg/hour unless toxicity occurs.

Pharmacist to select **brand** per Provincial Systemic Therapy Policy III-190 and **dose band** per last page of PPO. Complete table below (please print)

Drug	Brand	Dose Band (mg)	Pharmacist Initial and Date
riTUXimab			

For first dose, 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 tolerated a full dose of IV riTUXimab (no severe reactions requiring early termination) and can proceed to subcutaneous riTUXimab:

riTUXimab subcut (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.

OR

☐ Patient did not tolerate a full dose of IV riTUXimab (experienced severe reactions requiring early termination) in the previous treatment and will continue with IV riTUXimab for this cycle:

riTUXimab (subsequent dose) 375 mg/m^2 x BSA = _____ mg

IV in 250 to 500 mL NS. 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 60 minutes.

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.

For all subsequent doses, constant visual observation is not required.

Pharmacist to select **brand** per Provincial Systemic Therapy Policy III-190 and **dose band** per last page of PPO. Complete table below (please print)

Drug	Brand	Dose Band (mg)	Pharmacist Initial and Date
riTUXimab			

*****treatment continued on the next page*****

DOCTOR'S SIGNATURE:	**SIGNATURE:** **UC:**

DATE:

****Have Hypersensitivity Tray and Protocol Available****

SUBSEQUENT TREATMENT ON WEEKS 2 to 8:

☐ Patient tolerated a full dose of IV riTUXimab (no severe reactions requiring early termination) and can proceed to subcutaneous riTUXimab:

riTUXimab subcut (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.

OR

☐ Patient did not tolerate a full dose of IV riTUXimab (experienced severe reactions requiring early termination) in the previous treatment and will continue with IV riTUXimab for this cycle:

riTUXimab (subsequent dose) 375 mg/m^2 x BSA = _____ mg

IV in 250 to 500 mL NS. 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 60 minutes.

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.

For all subsequent doses, constant visual observation is not required.

Pharmacist to select **brand** per Provincial Systemic Therapy Policy III-190 and **dose band** per last page of PPO. Complete table below (please print)

Drug	Brand	Dose Band (mg)	Pharmacist Initial and Date
riTUXimab			

RETURN APPOINTMENT ORDERS

☐ Return in _____ week(s) for Doctor. Book treatment weekly for a total of 8 treatments.

☐ Treatment finished. Return in _____ week (s).

CBC & Diff prior to each weekly treatment

If clinically indicated:

☐ **ALT** ☐ **HBV viral load** every 3 months

☐ **Other tests:**

☐ **Consults:**

☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC:

riTUXimab DOSE BANDING TABLE

Ordered Dose (mg)		Rounded dose (mg)
From:	**To:**	
Less than 364		**Pharmacy prepares specific dose**
364	442.49	**400**
442.5	480.49	**460**
480.5	554.49	**500**
554.5	665.49	**600**
665.5	776.49	**700**
776.5	887.49	**800**
887.5	999.49	**900**
999.5	1099.49	**1000**
1099.5	1199.49	**1100**
1199.5	1299.49	**1200**
1299.5	1399.49	**1300**
1399.5	1499.49	**1400**
1499.5	1599.49	**1500**
More than 1599.49		**Pharmacy prepares specific dose**