

# riTUXimab Infusion Protocol for Glomerulonephritis

Rev: Sep/20

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## PATIENT INFORMATION LABEL

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

PHN: \_\_\_\_\_

- Mandatory
- Optional: Prescriber check (✓) to initiate, cross out and initial any orders not indicated.

- Admit to medical short stay under Dr. \_\_\_\_\_
- Insert IV into dominant arm, or if arteriovenous fistula or graft present, then opposite arm
- Vital signs x 1, then as required based on infusion instructions

- FUNDING:** riTUXimab funding for this patient has been approved by:
- BC Renal (fax approval letter with this order to the pharmacy department)
  - Other: \_\_\_\_\_

- riTUXimab CHOICE:**
- Riximyo (BC Renal Formulary agent)
  - Other: \_\_\_\_\_

- LABORATORY:**
- CBC with differential, electrolytes, urea, creatinine prior to each infusion
  - Serum quantitative IgG, IgA, IgM and Immune Cell Marker (for CD19/20 levels) prior to first infusion
  - Other: \_\_\_\_\_

- MEDICATIONS TO HOLD:**
- Hold anti-hypertensive agents on morning of riTUXimab infusion (specify agents): \_\_\_\_\_

**SUPPORT MEDICATIONS:** Have the following medications available at patient's bedside before initiating riTUXimab (to be given on physician's orders):

- EPIneprine** 1 mg/mL, ampoule for IM injection
- methyIPREDNISolone** 125 mg vial for IV injection
- diphenhydrAMINE** 50 mg vial for IV injection
- salBUTamol** 2.5 mg nebulers plus nebulizer

- PERI-INFUSION MEDICATIONS:**
- acetaminophen** 650 mg PO 30 minutes before and Q4H during riTUXimab infusion
  - diphenhydrAMINE** 50 mg PO 30 minutes before and Q4H during riTUXimab infusion
  - methyIPREDNISolone** 125 mg IV to be administered over 30 minutes before starting riTUXimab

- riTUXimab:**
- riTUXimab 1000 mg IV
  - riTUXimab 375 mg/m<sup>2</sup> x \_\_\_\_\_ m<sup>2</sup> = \_\_\_\_\_ mg (rounded to nearest 50 mg) IV
  - riTUXimab \_\_\_\_\_ mg (rounded to nearest 50 mg) IV

Body Surface Area (BSA) calculation and weight:	
Height: _____ cm	Actual weight: _____ kg
$BSA(m^2) = \sqrt{\frac{Height(cm) \times Weight(kg)}{3600}}$	BSA = _____ m <sup>2</sup> • Round to 2 decimal places

Frequency of infusions: \_\_\_\_\_ Total number of infusions: \_\_\_\_\_

Infusion to be given on (dates): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE (DD/MM/YYYY)	PRESCRIBER NAME (PRINTED)	PRESCRIBER SIGNATURE	COLLEGE ID	CONTACT NUMBER

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### riTUXimab: For first infusion:

- ☼ Start **riTUXimab** infusion at 50 mg/hour. After 60 minutes, increase rate by 50 mg/hour every 30 minutes until a rate of 400 mg/hour is reached unless toxicity occurs.
- ☼ Monitor BP, pulse and respiratory rate every 15 minutes until a stable infusion rate is reached, then hourly until 30 minutes after infusion is complete.

### STOP the infusion and call the Physician if any of the following occur:

- ☼ BP falls to less than 80/50 mmHg or pulse increases to greater than 120 BPM \*OR\*
- ☼ Flushing, dyspnea, rigors, rash, pruritus, vomiting, chest pain \*OR\*
- ☼ Any other new acute discomfort or signs of allergic reaction.

### For subsequent infusions:

- ☼ Start **riTUXimab** infusion at 100 mg/hour and increase by 100 mg/hour every 30 minutes until a rate of 400 mg/hour is reached unless toxicity as defined above occurs.
- ☼ Monitor BP, pulse and respiratory rate every 30 minutes for the first hour, then hourly until 15 minutes after the infusion is complete.

### STOP the infusion and call the Physician if any of the following occur:

- ☼ BP falls to less than 80/50 mmHg or pulse increases to greater than 120 BPM \*OR\*
- ☼ Flushing, dyspnea, rigors, rash, pruritus, vomiting, chest pain \*OR\*
- ☼ Any other new acute discomfort or signs of allergic reaction.
- ☼ **Discontinue IV 30 minutes after administration if patient is stable.**
- ☼ **Discharge home after IV discontinued.**

**Fax completed order to medical day care (Fax # \_\_\_\_\_ )**  
**and to hospital pharmacy, with BCR approval letter (if applicable) (Fax # \_\_\_\_\_ )**

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