

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST				HAEMATOLOGY CHEMOTHERAPY PRESCRIPTION			
Document Code:	H-ROTA191a	Written by:	Amritpal Atwal	Authorised By:	Consultant	Sridhar Chaganti	
Issue No:	2.0	Issue date:	Sept 2018		Clinical Nurse Specialist	Nicola Jones	
Page:	1 of 6	Valid until:	Next review		Pharmacist	Nicola Marchant	

Refs: HOVON 127 BL protocol, Dec 2013 / NCRI R-CODOX-M/IVAC protocol May 2011

Lymphoma:
R-CODOX-M (Truxima®)
(≤65 years old)

Cycle No:

Indication: Burkitt's Lymphoma , DLBCL with high IPI, double hit lymphoma.
Two cycles each of alternating R-CODOX-M and R-IVAC will be given followed by two further doses of Rituximab (on days 21 and 42 of the 2nd IVAC schedule)
Start cycle 2 of R-CODOX-M on first day after R-IVAC that the neutrophil count is >1x10⁹/l and platelet count is >75x10⁹/l

Patient label:

Hb	Na ⁺	Alb	Height
WCC	K ⁺	Bili	Weight
Nts	U	AlkPhos	S.A.
Plt	Cr	ALT	
	GFR		
	Ca		
	Mg		

DAY NO. DATE	DRUG or ELECTROLYTE	CALCULATION	DOSE	I.V. FLUID	VOLUME (ml)	FLOW RATE	SPECIAL DIRECTIONS	DRUG ADMINISTRATION sig. sig.	TIME
1	DEXAMETHASONE		8mg	PO			30-60 minutes pre-rituximab		
	PARACETAMOL		1000mg	PO					
	CHLORPHENIRAMINE		8mg	PO					
	RITUXIMAB (Truxima®)	375mg/m ²		N/Saline	500	see page 6			
	DOXORUBICIN	40mg/m ²		IV STAT					
	VINCRIStINE	1.5mg/m ²		N/SALINE	50	10 mins	Maximum 2mg		
	CYCLOPHOSPHAMIDE	800mg/m ²		N/SALINE	500	30 mins			
	2	CYCLOPHOSPHAMIDE	200 mg/m ²		N/SALINE	250	30 mins		
Intrathecal cytarabine due - please prescribe using H-ROTA 114									
3	CYCLOPHOSPHAMIDE	200 mg/m ²		N/SALINE	250	30 mins			
4	CYCLOPHOSPHAMIDE	200 mg/m ²		N/SALINE	250	30 mins			
Intrathecal cytarabine due - please prescribe using H-ROTA 114									
5	CYCLOPHOSPHAMIDE	200 mg/m ²		N/SALINE	250	30 mins			
6	Intrathecal cytarabine due - please prescribe using H-ROTA 114 Cycle 1 only and only if patient has proven or suspected CNS disease								
8	VINCRIStINE	1.5mg/m ²		N/SALINE	50	10 mins	Maximum 2mg		

Prescriber Sig. Date:

Chemo Nurse Sig. Date:

Pharmacist Sig. Date:

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10 Line 2	Potassium chloride		20mmol	D/SALINE	1000	4 hours	Commence methotrexate when urine pH>7, but not before 8 hours of pre-hydration.		
	Sodium bicarbonate		50mmol						
	Potassium chloride		20mmol	D/SALINE	1000	4 hours			
	Sodium bicarbonate		50mmol						
Line 1	METHOTREXATE*	300mg/m ²		N/SALINE	250	1 hour			
	METHOTREXATE*	2700mg/m ²		N/SALINE	1000	23 hours			
Line 2	Potassium chloride		20mmol	D/SALINE	1000	4 hours	Give simultaneously with methotrexate		
	Sodium bicarbonate		50mmol						
	Potassium chloride		20mmol	D/SALINE	1000	4 hours			
	Sodium bicarbonate		50mmol						
	Potassium chloride		20mmol	D/SALINE	1000	4 hours			
	Sodium bicarbonate		50mmol						
	Potassium chloride		20mmol	D/SALINE	1000	4 hours			
	Sodium bicarbonate		50mmol						
11	DEXAMETHASONE		8mg	PO			30-60 minutes pre- rituximab		
	PARACETAMOL		1000mg	PO					
	CHLORPHENAMINE		8mg	PO					
	RITUXIMAB (Truxima®)	375mg/m ²		N/Saline	500	see page 6			

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DAY NO. DATE	DRUG or ELECTROLYTE	CALCULATION	DOSE	I.V. FLUID	VOLUME (ml)	FLOW RATE	SPECIAL DIRECTIONS	DRUG ADMINISTRATION sig. sig.	TIME
11 Line 2	Potassium chloride Sodium bicarbonate		20mmol 50mmol	D/SALINE	1000	4 hours	Give simultaneously with methotrexate		
	Potassium chloride Sodium bicarbonate		20mmol 50mmol	D/SALINE	1000	4 hours			
	Potassium chloride Sodium bicarbonate		20mmol 50mmol	D/SALINE	1000	4 hours			
	Potassium chloride Sodium bicarbonate		20mmol 50mmol	D/SALINE	1000	4 hours			
	Potassium chloride Sodium bicarbonate		20mmol 50mmol	D/SALINE	1000	4 hours			
	Potassium chloride Sodium bicarbonate		20mmol 50mmol	D/SALINE	1000	4 hours			
	Potassium chloride Sodium bicarbonate		20mmol 50mmol	D/SALINE	1000	4 hours			
	FOLINIC ACID (Calcium Folate)	15mg/m ²		IV STAT					
Start folinic acid 36 hours after methotrexate commenced. Subsequent doses to be prescribed on PICS – 15mg/m ² 3-hourly for a further 4 doses, then change frequency to 6 hourly and continue until levels <0.1µmol/l. See table on page 6 for details of dose modifications based on MTX levels. Consider giving po after the first 24 hours if patient is not vomiting									
Potassium chloride Sodium bicarbonate			20mmol 50mmol	D/SALINE	1000	4 hours			

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DAY NO. DATE	DRUG or ELECTROLYTE	CALCULATION	DOSE	I.V. FLUID	VOLUME (ml)	FLOW RATE	SPECIAL DIRECTIONS	DRUG ADMINISTRATION sig.	TIME
12 Line 2	Potassium chloride Sodium bicarbonate		20mmol 50mmol	D/SALINE	1000	4 hours	Ensure methotrexate levels are checked at 48 hours. Continue fluids until MTX levels <1x10 ⁻⁷ M (0.1µmol/l)		
	Potassium chloride Sodium bicarbonate		20mmol 50mmol	D/SALINE	1000	4 hours			
	Potassium chloride Sodium bicarbonate		20mmol 50mmol	D/SALINE	1000	4 hours			
	Potassium chloride Sodium bicarbonate		20mmol 50mmol	D/SALINE	1000	4 hours			
	Potassium chloride Sodium bicarbonate		20mmol 50mmol	D/SALINE	1000	4 hours			
	Potassium chloride Sodium bicarbonate		20mmol 50mmol	D/SALINE	1000	4 hours			
	Potassium chloride Sodium bicarbonate		20mmol 50mmol	D/SALINE	1000	4 hours			
	Potassium chloride Sodium bicarbonate		20mmol 50mmol	D/SALINE	1000	4 hours			
13 Line 2	Potassium chloride Sodium bicarbonate		20mmol 50mmol	D/SALINE	1000	4 hours	Ensure methotrexate levels are checked every 24 hours until levels <1x10 ⁻⁷ M (0.1µmol/l). Continue fluids until MTX levels <1x10 ⁻⁷ M (0.1µmol/l)		
	Potassium chloride Sodium bicarbonate		20mmol 50mmol	D/SALINE	1000	4 hours			
	Potassium chloride Sodium bicarbonate		20mmol 50mmol	D/SALINE	1000	4 hours			
	Potassium chloride Sodium bicarbonate		20mmol 50mmol	D/SALINE	1000	4 hours			
	Potassium chloride Sodium bicarbonate		20mmol 50mmol	D/SALINE	1000	4 hours			
	Potassium chloride Sodium bicarbonate		20mmol 50mmol	D/SALINE	1000	4 hours			
	Potassium chloride Sodium bicarbonate		20mmol 50mmol	D/SALINE	1000	4 hours			
	Potassium chloride Sodium bicarbonate		20mmol 50mmol	D/SALINE	1000	4 hours			

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15	Intrathecal methotrexate due - please prescribe using H-ROTA 59								
16	FOLINIC ACID (Calcium Folate)		15mg	PO			24 hours after intrathecal MTX		
17	Intrathecal methotrexate due - please prescribe using HROTA 59 Cycle 1 only and only if patient has proven or suspected CNS disease								
18	FOLINIC ACID (Calcium Folate)		15mg	PO			24 hours after intrathecal MTX		

Proceed Rules

Drug	Neutrophils	Platelets	Renal (EDTA GFR ml/min)	Hepatic(bilirubin μmmol/L)
Cyclophosphamide	>1x10 ⁹ /L	>75x10 ⁹ /L	>20 =100% dose 10-20 = 75% dose <10 = 50% dose	Clinical decision
Intrathecal cytarabine	NA		NA	NA
Doxorubicin	>1x10 ⁹ /L		No dose reduction required	20-51 = 50% dose 51-85 = 25% dose >85 = omit ALT 80-120 = 75% dose >120 = 50% dose
Intrathecal Methotrexate	NA		NA	NA
Methotrexate	>1x10 ⁹ /L		>80 = 100% dose 60 = 65% dose 45 = 50% dose <30 – clinical decision	<50 and ALT <180 =100% dose 51-85 or ALT> 180 75% dose Bili >85 = clinical decision
Vincristine	>1x10 ⁹ /L		No dose reduction required	26-51 or ALT 60-180 = 50% dose >51 and ALT normal = 50% dose >51 and ALT >180 = omit.
Rituximab	NA	NA	NA	NA

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Medications to be prescribed on PICS		
Anti-emetics	Supportive medication	Medications required at discharge (in addition to anti-emetics and supportive medication)
<ul style="list-style-type: none">Ondansetron 8mg PO/IV BD on days 1-5 and day 10.Metoclopramide 10mg TDS PRN	<ul style="list-style-type: none">Allopurinol 300mg OD (100mg OD in renal impairment). Consider rasburicase in tumour lysis syndrome.Antifungal prophylaxis: as per QPULSEAntiviral prophylaxis: as per QPULSECo-trimoxazole 480mg bd po MWF (to stop 7 days pre-MTX and restart 5 days post-MTX).Filgrastim 300mcg (<80kg) or 480mcg (≥80kg) SC/IV od from day 13 till neutrophils >1x10⁹/l for 2 consecutive days	

Other information

Rituximab administration advice

First infusion:

Subsequent infusions:

Initial rate of 50mg/hr for the first 30 minutes. Can then be escalated in 50mg/hr increments every 30 minutes, to a maximum rate of 400mg/hr. If first infusion well tolerated, the following rapid schedule can be used: Give 100mls over 30 minutes. Then give remaining 400mls over 60 minutes.

In the event of a slower infusion rate being required, use the following schedule: Initial rate of 100mg/hr for the first 30 minutes. Can then be escalated in 100mg/hr increments every 30 minutes, to a maximum rate of 400mg/hr.

♦ Elderly patients or those with a high tumour burden may require a slower infusion rate.

♦ If a patient develops severe cytokine release syndrome the infusion should be interrupted immediately. On resolution, the infusion can be resumed at not more than one-half the previous rate. Mild to moderate infusion-related reactions usually respond to a reduction in infusion rate.

♦ During infusion, the patient's vital signs (bp, pulse, respiration and temperature) should be monitored every 30 minutes until infusion stops.

Schedule for folinic acid rescue

Folinic acid 15mg/m² 3-hourly IV - to start 36 hours after start of methotrexate infusion – see table for subsequent schedule.
Consider giving po after first 24 hours if patient is not vomiting.
****Important - prescribe dose 2 onwards on PICS****

Time after starting MTX	MTX plasma concentration (µmol/l)	
	<0.1	0.1-2
48hrs	None	15mg/m ² q6h
72hrs	None	15mg/m ² q6h
96hrs	None	15mg/m ² q6h
120hrs	None	15mg/m ² q6h