KAISER PERMANENTE®

RiTUXimab Desensitization Therapy Plan

Name: _____

Member I.D. # _____

Date of Birth _____

Therapy Plan Description

This protocol contains multiple orders including pre-medications, the desensitization regimen as well as nursing instructions and the references for this 12-step therapy.
The "Desensitization therapy" is designed as a complete replacement for the full dose for the entire course.

Provider Reminders

If building a desensitization protocol from scratch please remember to add a compatible TKO fluid, as needed and hypersensitivity medications.

Desensitization therapy

~Desensitization protocol for riTUXimab - read the instructions carefully and follow the steps as written.
~This therapy plan replaces the default riTUXimab therapy plan. Update Desensitization Bag-C with patient's original riTUXimab dose.
~Remind the patient to take the outpatient desensitization premedications before arriving to the clinic.
~Patient has had a reaction to riTUXimab in the past and will require desensitization protocol for all future riTUXimab doses.

Take Home Prescriptions: To be taken before the patient arrives for desensitization treatment

- ☑ Cetirizine (ZYRTEC) 10 mg tablet; QTY #2 Refills: 0
  --Take 1 tablet orally daily for 2 days prior to desensitization treatment.
- ☑ Dexamethasone (DECADRON) 4 mg tablet; QTY #10 Refills: 0
  --Take 5 tablets (20 mg) orally 12 and 6 hours prior to desensitization treatment.
- ☑ Famotidine (PEPCID) 20 mg tablet; QTY #4 Refills: 0
  --Take 1 tablet orally TWICE daily for 2 days prior to desensitization treatment.

Pre-medications

- ☑ **D**iphenhydrAMINE (BENADRYL) injectable 50 mg. Give IV push 30 minutes before starting the first riTUXimab infusion (Bag A)
- ☑ **F**amotidine (PEPCID) injectable 20 mg. Administer via slow IV push at a rate of 10 mg/min 30 minutes before starting the first riTUXimab infusion (Bag A).
- ☑ **A**cetaminophen (TYLENOL) tablet Dose: 650 mg Route: Oral
  Frequency: Once, 30 minutes prior to riTUXimab infusion. May also be given once as needed during infusion for achiness, headache, or fever.

Nursing Communication

~The following medications are the actual riTUXimab desensitization therapy.
~Give in the order listed adjusting the rate as ordered per bag.
~Vital signs should be taken and recorded prior to each rate change and every 30 minutes during the final step of Bag-C.

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Infusion Therapy

☑ RiTUXimab 3 mg in 0.9% sodium chloride 500 mL IV DESENSITIZATION-A
Desensitization Bag-A: Adjust rate as follows if no reactions:

Start at 4 mL/hr for 15 minutes, then
increase to 10 mL/hr for 15 minutes, then
increase to 20 mL/hr for 15 minutes, then
increase to 40 mL/hr for 15 minutes. If no reaction, discard remainder and switch immediately to Bag-B.

☑ RiTUXimab 30 mg in 0.9% sodium chloride 500 mL IV DESENSITIZATION-B
Desensitization Bag-B: Adjust rate as follows if no reactions:

Start at 10 mL/hr for 15 minutes, then
increase to 20 mL/hr for 15 minutes, then
increase to 40 mL/hr for 15 minutes, then
increase to 80 mL/hr for 15 minutes. If no reaction, discard remainder and switch immediately to Bag-C.

For Bag C below, enter the protocol's default dose or the patient's previous dose.

☑ RiTUXimab ____mg in 0.9% sodium chloride 500 mL (1 mg/mL concentration) IV DESENSITIZATION-C
Desensitization Bag-C: Adjust rate as follows if no reactions:

Start at 20 mL/hr for 15 minutes, then
increase to 40 mL/hr for 15 minutes, then
increase to 80 mL/hr for 15 minutes, then
increase to 140 mL/hr for the remainder of bag. Total cumulative dose from bags A and B is 2.361 mg which is considered negligible.

Nursing Orders

Desensitization Therapy:
~Emergency kit by chair-side.
~Ensure preceding dose of beta-blockers was held, unless otherwise advised by supervising physician.
~Ensure patient has taken outpatient desensitization premedications.
~Begin 0.9% sodium chloride as primary line to keep vein open.
~Hang each solution successively, changing infusion rate every 15 minutes, per protocol.
~The IV tubing should be pre-flushed with the appropriate solution (A or B or C) and attached to the hub prior to starting infusion with each bag.
~There is no reason to delay hanging each infusion bag successively.
~Hang each bag sequentially without waiting after flushing the IV tubing first.
~Vital signs should be taken and recorded every 15 minutes, and every 30 minutes during the last desensitization step (Step-12).

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~Patient has had a reaction to riTUXimab in the past and will require desensitization protocol for all future riTUXimab doses.
~Monitoring and charting during desensitization:

- An RN must closely observe the patient THROUGHOUT the desensitization process.
- Please clearly document any reaction(s), including:
  a) Patient's symptoms, vital signs, and physical findings;
  b) Exactly when the reaction occurred (I.e., in which step, how many minutes in that step);
  c) Treatment administered, how and when the reaction resolved, and when the protocol was restarted.

~CONTACT THE SUPERVISING MD FOR:

- Any question regarding the protocol
- Reaction treatment and/or appropriate management

References: Desensitization Therapy, Lee CW, et al. Gynecol Oncol, 2004;95:370-376
Castells M, et al. Cancer Immunol Immunother, 2012;61:1575-1584
Https://pubmed.ncbi.nlm.nih.gov/22576054/

General Plan Communication

- Biosimilar riTUXimab-arrx is the preferred and defaulted agent in this plan
- Warning for Hypogammaglobulinemia:
  - RiTUXimab treatment can result in profound hypogammaglobulinemia along with increased infections in a subset of patients
  - Please obtain baseline immunoglobulins: IgG, IgM, AND IgA prior to initiation of treatment, before each cycle, and every 6 months x 2 after completion of treatment.
  - Please refer to Allergy/Asthma if 1) levels are below normal prior to starting therapy or 2) levels are low and having frequent infections during therapy or 3) levels remain low beyond 9 months post treatment or if 4) IgG is less than 200 mg/dL at any point.
- Special instructions/notes:

Monitoring Parameters for Subsequent Infusions

- Timing: Within 1 month prior to infusion day (if subsequent infusions are scheduled more than 4 weeks apart)
- CBC with differential
- Immunoglobulins (IgG, IgM, IgA)
- Immunocompetency Panel

Nursing Communication Orders

- RN to ensure baseline labs have been completed prior to administration of first dose.
- Contact the prescribing provider prior to the infusion if the patient has evidence of an active infection.
- Contact the doctor prior to the infusion if ANC is less than 1,500/mm3 or IgG is less than 500 mg/dL.
- Discontinue IV line when therapy complete and patient stabilized.

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Kaiser Permanente Infusion Locations
Please refer to the link below for the current list: https://wa-provider.kaiserpermanente.org/patient-services/ambulatory-infusion

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