

RiTUXimab Desensitization Therapy Plan

Page 1 of 3

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.
 - Note: The dose for Desensitization Bag-C for MS patients should be 500 mg. If the original rituximab dose was 1000 mg (i.e., induction infusion), the dose should be completed in two separate desensitization visits scheduled two weeks apart.
- ~ 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

- DiphenhydrAMINE (BENADRYL) injectable 50 mg. Give IV push 30 minutes before starting the first riTUXimab infusion (Bag A)
- Famotidine (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).
- Acetaminophen (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.
- MethylPREDNISolone Sod Succ (PF) Inj 125 mg (SOLU-Medrol PF) Give 125 mg IV push one time PRN 30 minutes prior to desensitization if patient has not taken oral dexamethasone at home.

Signature: _____ Date: _____ Time: _____

Printed Name: _____

HIM

Revision Date: 7/14/2025 Kaiser Permanente <Reference #2500>

RiTUXimab Desensitization Therapy Plan

Name: _____
Member I.D. # _____
Date of Birth _____

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.

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 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).

Signature: _____ Date: _____ Time: _____

Printed Name: _____

RiTUXimab Desensitization Therapy Plan

Page 3 of 3

Name: _____
Member I.D. # _____
Date of Birth _____

~ 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.

Kaiser Permanente Infusion Locations

Please refer to the link below for the current list:

<https://wa-provider.kaiserpermanente.org/patient-services/ambulatory-infusion>

Signature: _____ Date: _____ Time: _____

Printed Name: _____

HIM

Revision Date: 7/14/2025 Kaiser Permanente <Reference #2500>