Rituximab (weekly)

Indication

Anti-CD20 is indicated in two broad categories of lymphoid disorders:

Lymphoproliferative e.g

- Follicular Lymphoma
- Waldenstrom's Macroglobulinaemia
- Castleman Disease
- Hairy cell leukaemia

Autoimmune e.g

- Idiopathic thrombocytopenic purpura (ITP)
- Autoimmune haemolytic anaemia (AIHA)
- Acquired haemophilia
- Autoimmune vasculitis e.g and granulomatosis with polyangiitis and microscopic polyangiitis

Regimen details

IV infusion Rituximab 375mg/m^2 in 500ml 0.9% sodium chloride

Cycle frequency

Given weekly

Number of cycles

4 cycles

Administration

Administer according to local protocol

First infusion is normally given at 50mg/h; after the first 30 minutes, the rate can be escalated in 50mg/h increments every 30 minutes to a maximum of 400mg/h

Subsequent infusions may be given more quickly if the first cycle was tolerated – rapid infusion may be possible if local policy permits

Patients should be monitored for effects of cytokine release syndrome (severe dyspnoea, bronchospasm and hypoxia) and other infusion reactions

Monitor baseline observations and with every rate increase

If infusions reactions occur, interrupt treatment, obtain medical assistance and consider administering chlorphenamine, hydrocortisone and paracetamol. When symptoms have resolved, restart treatment at the previous infusion rate

Pre-medication

Paracetamol oral 1000mg, chlorphenamine IV 10mg given 30 minutes prior to infusion
Premedication with a corticosteroid may be necessary in patients who are not currently on steroids

Emetogenicity

Minimal

Additional supportive medication

Patients with bulky disease should be well hydrated before treatment
Patients at risk of tumour lysis syndrome may require allopurinol or rasburicase

Extravasation

Neutral

Investigations – pre first cycle

Investigation	Validity period
FBC	14 days
Hep B&C serology	14 days

Medical fitness for treatment – exclude active infection and cardiac disorders

Investigations –pre subsequent cycles

FBC

Standard limits for administration to go ahead:

If the lymphocytes count is >25x 10^9/L authorisation to administer **must** be given by prescriber/ consultant

Dose modifications

No dose amendments permitted

Adverse effects –

for full details consult product literature/ reference texts

Infusion reactions
Cytokine release syndrome (especially if lymphocyte count >25 x 10^9/L)
Progressive multifocal leukoencephalopathy (PML)
Hypotension
Neutropenia (can be late onset)
Hep B reactivation
Toxic Epidermal Necrolysis
Stevens-Johnson syndrome
Angina pectoris
Cardiac arrhythmias
Heart failure
Myocardial infarction

Significant drug interactions

– for full details consult product literature/ reference texts

Withhold antihypertensive medication 12 hours prior to administration
Vaccinations with live virus vaccines is not recommended until lymphocytes recover usually in 6 months

Additional comments

References

Rixathon 500 mg concentrate for solution for infusion - Summary of Product Characteristics (SmPC) - (emc) (medicines.org.uk)

THIS PROTOCOL HAS BEEN DIRECTED BY DR GHARIB, CONSULTANT HAEMATOLOGIST

RESPONSIBILITY FOR THIS PROTOCOL LIES WITH THE HEAD OF SERVICE

Date: JANUARY 2021
Review: JANUARY 2023
VERSION: 5