Regimen Monograph

Regimen Name | Drug Regimen | Cycle Frequency | Premedication and Supportive Measures | Administrative Information | References | Other Notes | Disclaimer

A - Regimen Name

RITU(IT) Regimen

Rituximab (intrathecal)

Disease Site	Hematologic - Leukemia - Acute Lymphoblastic (ALL) Hematologic - Lymphoma - Non-Hodgkin's High Grade Hematologic - Lymphoma - Non-Hodgkin's Intermediate Grade
Intent	Curative
Regimen Category	**Evidence-informed :** Regimen is considered appropriate as part of the standard care of patients; meaningfully improves outcomes (survival, quality of life), tolerability or costs compared to alternatives (recommended by the Disease Site Team and national consensus body e.g. pan-Canadian Oncology Drug Review, pCODR). Recommendation is based on an appropriately conducted phase III clinical trial relevant to the Canadian context OR (where phase III trials are not feasible) an appropriately sized phase II trial. Regimens where one or more drugs are not approved by Health Canada for any indication will be identified under Rationale and Use. This **Regimen Abstract** is an **abbreviated** version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.

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B - Drug Regimen

Note: Different rituximab products are NOT INTERCHANGEABLE.

riTUXimab	25 to 40 mg	IT	once or twice weekly

(This drug is not currently publicly funded for this regimen and intent)

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C - Cycle Frequency

FOR UP TO 8 INJECTIONS

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D - Premedication and Supportive Measures

Antiemetic Regimen: Minimal

Other Supportive Care:

Also refer to CCO Antiemetic Recommendations.

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J - Administrative Information

Pharmacy Workload (average time per visit) 15.075 minutes
Nursing Workload (average time per visit) 65 minutes

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K - References

Jaime-Pérez JC, Rodríguez-Romo LN, González-Llano O, et al. Effectiveness of intrathecal rituximab in patients with acute lymphoblastic leukaemia relapsed to the CNS and resistant to conventional therapy. Br J Haematol. 2009 Mar;144(5):794-5.

Rubenstein JL, Fridlyand J, Abrey L, et al. Phase I Study of Intraventricular Administration of Rituximab in Patients With Recurrent CNS and Intraocular Lymphoma. J Clin Oncol 2007;25:1350-6.

Schulz H, Pels H, Schmidt-Wolf I, et al. Intraventricular treatment of relapsed central nervous system lymphoma with the anti-CD20 antibody rituximab. Haematologica 2004; 88:753-4.

August 2020 Updated interchangeability information in Drug Regimen section

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M - Disclaimer

Regimen Abstracts

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Regimen Monographs

Refer to the New Drug Funding Program or Ontario Public Drug Programs websites for the most up-to-date public funding information.

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Some Formulary documents, such as the medication information sheets, regimen information sheets and symptom management information (for patients), are intended for patients. Patients should always consult with their healthcare provider if they have questions regarding any information set out in the Formulary documents.

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