Regimen Monograph

Regimen Name | Drug Regimen | Cycle Frequency | Administrative Information | References | Other Notes | Disclaimer

A - Regimen Name

CEPIOP+RITU Regimen

Cyclophosphamide-Epirubicin-ONCOVIN® (VinCRIStine)-Prednisone-Rituximab

Disease Site

Hematologic - Lymphoma - Non-Hodgkin's High Grade
Hematologic - Lymphoma - Non-Hodgkin's Intermediate Grade

Intent

Curative
Palliative

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.

Supplementary Public Funding

prednisone
ODB - General Benefit (prednisone) (ODB Formulary)

riTUXimab
New Drug Funding Program (Rituximab (Biosimilar IV) and Rituximab SC - Aggressive Histology Lymphoma) (NDFP Website)

riTUXimab

New Drug Funding Program (Rituximab (Biosimilar IV) and Rituximab SC - HIV-Related Aggressive Histology B-cell Lymphoma)

riTUXimab (subcut)
New Drug Funding Program (Rituximab (Biosimilar IV) and Rituximab SC - Aggressive Histology Lymphoma)

riTUXimab (subcut)
New Drug Funding Program (Rituximab (Biosimilar IV) and Rituximab SC - HIV-Related Aggressive Histology B-cell Lymphoma)

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B - Drug Regimen

Note: Different rituximab products are NOT INTERCHANGEABLE.

Cycle 1: All patients must receive their first dose of rituximab by IV infusion.

riTUXimab	375 mg /m²	IV	Day 1
cyclophosphamide	750 mg /m²	IV	Day 1
EPIrubicin	50-70 mg /m²	IV	Day 1
vinCRIStine	1.4 mg /m²	IV (maximum 2 mg)	Day 1
prednisone*	100 mg	PO	Days 1 to 5

(Outpatient prescription in 50 mg tablets)

Cycle 2 and onwards (For a usual total of 6-8 cycles including initial IV rituximab cycle(s))

Rituximab IV:

riTUXimab	375 mg /m²	IV	Day 1

OR

Rituximab (subcut):
The subcutaneous formulation must only be given at the second or subsequent cycles, if the patient has previously received at least one full rituximab IV dose.

riTUXimab (subcut)	1400 mg	Subcut	Day 1

Plus CEPIOP chemotherapy

cyclophosphamide	750 mg /m²	IV	Day 1
EPIrubicin	50-70 mg /m²	IV	Day 1
vinCRIStine	1.4 mg /m²	IV (maximum 2 mg)	Day 1
prednisone*	100 mg	PO	Days 1 to 5

*(On Day 1 to be given as part of premedication before riTUXimab)

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C - Cycle Frequency

REPEAT EVERY 21 DAYS for a usual total of 6 to 8 cycles unless disease progression or unacceptable toxicity occurs.

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J - Administrative Information

Approximate Patient Visit	First cycle: 6 hours; subsequent cycles: 2 to 5 hours
Pharmacy Workload (average time per visit)	45.729 minutes
Nursing Workload (average time per visit)	89.833 minutes

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K - References

Economopoulos T, Dimopoulos MA, Mellou S, et al. Treatment of intermediate- and high-grade non-Hodgkin's lymphoma using CEOP versus CNOP. Eur J Haematol. 2002 Mar;68(3):135-43.

Economopoulos T, Psyrri A, Dimopoulos MA, et al. CEOP-21 versus CEOP-14 chemotherapy with or without rituximab for the first-line treatment of patients
with aggressive lymphomas: results of the HE22A99 trial of the Hellenic Cooperative Oncology Group. Cancer J. 2007 Sep-Oct;13(5):327-34.

Lugtenburg P, Avivi I, Berenschot H et al. Efficacy and safety of subcutaneous and intravenous rituximab plus cyclophosphamide, doxorubicin, vincristine, and prednisone in first-line diffuse large B-cell lymphoma: the randomized MabEase study. Haematologica. 2017;102(11):1913-1922.

Rummel M, Kim TM, Aversa F et al. Preference for subcutaneous or intravenous administration of rituximab among patients with untreated CD20+ diffuse large B-cell lymphoma or follicular lymphoma: results from a prospective, randomized, open-label, crossover study (PrefMab). Ann Oncol. 2017;28(4):836-842.

PEBC Advice Documents or Guidelines

- Rituximab in Lymphoma and Chronic Lymphocytic Leukemia

August 2020 Updated NDFP forms and interchangeability information in Drug Regimen section

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M - Disclaimer

Regimen Abstracts

A 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). It is intended for healthcare providers and is to be used for informational purposes only. It is not intended to constitute or be a substitute for medical advice, and all uses of the Regimen Abstract are subject to clinical judgment. Such information is provided on an "as-is" basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information's quality, accuracy, currency, completeness, or reliability, and Cancer Care Ontario disclaims all liability for the use of this information, and for any claims, actions, demands or suits that arise from such use.

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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.

The information set out in the drug monographs, regimen monographs, appendices and symptom management information (for health professionals) contained in the Drug Formulary (the "Formulary") is intended for healthcare providers and is to be used for informational purposes only. The information is not intended to cover all possible uses, directions, precautions, drug interactions or adverse effects of a particular drug, nor should it be construed to indicate that use of a particular drug is safe, appropriate or effective for a given condition. The information in the Formulary is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. All uses of the Formulary are subject to clinical judgment and actual prescribing patterns may not follow the information provided in the Formulary.

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