

Regimen Monograph

[Regimen Name](#) | [Drug Regimen](#) | [Cycle Frequency](#) | [Administrative Information](#) | [References](#) | [Other Notes](#) | [Disclaimer](#)

A - Regimen Name

CEPP+RITU Regimen

Cyclophosphamide-Etoposide-Procarbazine-Prednisone

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 [etoposide](#)
ODB - General Benefit (etoposide - oral capsules)

[procarbazine](#)
ODB - General Benefit (procarbazine) ([ODB Formulary](#))

prednisone
ODB - General Benefit (prednisone)

riTUXimab

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

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.

<u>riTUXimab</u>	375 mg /m ²	IV	Day 1
<u>cyclophosphamide</u>	600-750 mg /m ²	IV	Days 1 and 8
<u>etoposide</u>	70 mg /m ²	IV	Day 1*

*(May give also on days 2 & 3, instead of oral Etoposide)

<u>etoposide</u> (Outpatient prescription in multiples of 50mg capsules)	140 mg /m ²	PO	Days 2 and 3
<u>procarbazine</u> (Outpatient prescription in multiples of 50mg capsules)	60 mg /m ²	PO	Days 1 to 10
<u>prednisone</u>	60 mg /m ²	PO	Days 1 to 10

(Outpatient prescription in multiples of 5mg & 50mg tablets)

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

Rituximab IV:

riTUXimab	375 mg /m ²	IV	Day 1
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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
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Plus CEPP chemotherapy

cyclophosphamide	600-750 mg /m ²	IV	Days 1 and 8
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etoposide	70 mg /m ²	IV	Day 1*
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*(May give also on days 2 & 3, instead of oral Etoposide)

etoposide	140 mg /m ²	PO	Days 2 and 3
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(Outpatient prescription in multiples of 50mg capsules)

procarbazine	60 mg /m ²	PO	Days 1 to 10
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(Outpatient prescription in multiples of 50mg capsules)

prednisone	60 mg /m ²	PO	Days 1 to 10
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(Outpatient prescription in multiples of 5mg & 50mg tablets)

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C - Cycle Frequency

REPEAT EVERY 28 DAYS for a usual total of 6 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)	32.218 minutes
Nursing Workload (average time per visit)	68.833 minutes

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K - References

Chao NJ, Rosenberg SA, Horning SJ. CEPP- an effective and well-tolerated regimen in poor risk aggressive non-Hodgkin's Lymphoma. *Blood*, 1990; 76: 1293-1298

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

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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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