

Regimen Monograph

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A - Regimen Name

CLAD+RITU Regimen

Cladribine- riTUXimab

Disease Site Hematologic - Leukemia - Hairy Cell
Hematologic - Lymphoma - Non-Hodgkin's Low Grade

Intent 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 [riTUXimab](#)
New Drug Funding Program (Rituximab (Biosimilar IV) and Rituximab SC in Combination with Chemotherapy - Indolent B-cell Lymphoma) (Funded for Biosimilar IV only)

[riTUXimab](#)
New Drug Funding Program (Rituximab (Biosimilar IV) and Rituximab SC - Maintenance Treatment - Lymphoma)

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cladribine	0.12-0.14 mg /kg	IV over 2 hours	Days 1 to 5
riTUXimab ^{1,2}	375 mg /m ²	IV	weekly x 4 to 8 weeks

¹ rituximab can be given concurrently or following cladribine² only rituximab IV is funded via NDFP**Alternative Schedule:**

cladribine	0.09-0.1 mg /kg/day	IV over 24 hours as continuous infusion	Days 1 to 5 OR Days 1 to 7
riTUXimab ^{1,2}	375 mg /m ²	IV	weekly x 4 to 8 weeks

¹ rituximab can be given concurrently or following cladribine² only rituximab IV is funded via NDFP[back to top](#)**C - Cycle Frequency****SINGLE COURSE (cladribine)****WEEKLY FOR 4 TO 8 WEEKS (rituximab)**

Maintenance rituximab (responding “rituximab-naïve” patients only):
REPEAT EVERY 3 MONTHS for maximum 2 years (8 doses total) of rituximab maintenance treatment in the absence of unacceptable toxicity or disease progression.

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J - Administrative Information

Approximate Patient Visit	CLAD CIV: 0.5 hour; daily infusion: 2 hours; RITU: 3 to 5 hours
Pharmacy Workload (average time per visit)	24.63 minutes
Nursing Workload (average time per visit)	62.333 minutes

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K - References

Cladribine and rituximab drug monographs, Cancer Care Ontario.

Else M, Dearden CE, Matutes E, et al. Long-term follow-up of 233 patients with hairy cell leukaemia, treated initially with pentostatin or cladribine, at a median of 16 years from diagnosis. *British Journal of Haematology* 2009; 145: 733–40.

Else M, Osuji N, Francesco F, et al. The role of rituximab in combination With pentostatin or cladribine for the treatment of recurrent/refractory hairy cell leukemia. *Cancer* 2007; 110: 2240-7.

Lauria F, Cencini E, Forconi F. Alternative methods of cladribine administration. *Leuk Lymphoma*. 2011 Jun;52 Suppl 2:34-7.

Morton J, Taylor K, Bunce I, et al. High response rates with short infusional 2-chlorodeoxyadenosine in novo and relapsed low-grade lymphoma. Australian and New Zealand Lymphoma Study Group. *Br J Haematol*. 1996 Oct; 95(1): 110-5.

Nieva J, Bethel K, Saven A, et al.: Phase II study of rituximab in the treatment of cladribine-failed patients with hairy cell leukemia. *Blood* 2003 Aug 1;102(3):810-3.

Piro L, Carrera C, Carson D et al. Lasting remissions in hairy cell leukemia induced by a single infusion of 2-chlordeoxyadenosine. *N Engl J Med*. 1990 Apr 10; 322 (16): 1117-21.

Robak T, Jamroziak K, Gora-Tybor J, et al. Cladribine in a weekly versus daily schedule for untreated active hairy cell leukemia: final report from the Polish Adult Leukemia Group (PALG) of a prospective, randomized, multicenter trial. *Blood*. 2007 May 1;109(9):3672-5.

Saven A, Piro LD. Treatment of hairy cell leukemia. *Blood*, 1992; 79: 1111-1120.

Zinzani PL, Pellegrini C, Stefoni V, et al. Hairy cell leukemia: evaluation of the long-term outcome in 121 patients. *Cancer*. 2010 Oct 15;116(20):4788-92.

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.

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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