Regimen Monograph

A - Regimen Name

VEMU+RITU Regimen

Vemurafenib-riTUXimab

Disease Site

Hematologic
Leukemia - Hairy Cell

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.

Rationale and Uses

For treatment of relapsed or refractory Hairy Cell Leukemia

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B - Drug Regimen

Cycles 1 and 2:

vemURAFenib	960 mg	PO	BID Days 1 to 28

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

riTUXimab	375 mg /m²	IV	Days 1 and 15

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

Q42 Days (4 weeks on, 2 weeks off)

THEN

Rituximab Consolidation:

riTUXimab	375 mg /m²	IV	Day 1

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

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C - Cycle Frequency

CYCLES 1 and 2: REPEAT EVERY 42 DAYS

Rituximab Consolidation: REPEAT EVERY 14 DAYS for 4 cycles

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J - Administrative Information

Vemurafenib: Outpatient prescription for home administration

Approximate Patient Visit 3 to 5 hours (rituximab)

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K - References

Tiacci E, De Carolis L, Simonetti E, et al. Vemurafenib plus rituximab in refractory or relapsed hairy-cell leukemia. N Engl J Med 2021; 384: 1810-23.

March 2022 New ST-QBP regimen

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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.

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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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