

LAC+USC MEDICAL CENTER POLICY

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Subject: CHEMOTHERAPY SUPPORTIVE CARE	Original Issue Date: 12/1/17	Policy # 944	
	Supersedes: 5/18/18	Effective Date: 02/01/23	
Departments Consulted: P&T Committee	Reviewed & Approved by: Attending Staff Association Executive Committee Senior Executive Council	Approved by: (Signature on File) Chief Medical Officer	
		(Signature on File) Chief Executive Officer	

PURPOSE

- A. Supportive care is intended to augment primary medical therapy by preventing or managing symptoms, adverse effects, and psychosocial difficulties related to a disease or its treatment.
- B. This policy establishes procedures for optimization of supportive care by pharmacists in the adult hematology and oncology setting.

POLICY

- A. Upon receipt of a chemotherapy order for a hematology or oncology indication in an adult patient, the pharmacist will review the medical record and assess the chemotherapy order for appropriate supportive care measures according to the approved recommendations below.
- B. The pharmacist is permitted to add, modify, or delete medication orders in the Orchid EHR for optimization of supportive care according to the approved recommendations below. These orders must bear an Order Comment stating, "Supportive care modification per P+T pharmacy protocol," and must state the name of the original ordering physician.
- C. **Approved Recommendations**
 1. IV Hydration
 - a. For patients receiving IV chemotherapy that is not contained in a diluent, IV hydration of 0.9% sodium chloride at 50 mL/hr. is recommended to maintain flow rate and line patency.
 - b. For patients receiving IV chemotherapy in a water- or sodium chloride-based diluent, IV hydration of 0.9% sodium chloride at 50 mL/hr. is recommended to maintain flow rate and line patency.
 - c. For patients receiving IV chemotherapy in a dextrose-based diluent, IV hydration of 5% dextrose at 50 mL/hr. is recommended to maintain flow rate and line patency.
 - d. For patients receiving cisplatin less than 75 mg/m²/dose, IV hydration with 0.9% sodium chloride at 500 mL/hr. for one hour pre- and post-cisplatin is recommended to minimize

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nephrotoxicity. Addition of potassium chloride and magnesium sulfate according to Table 1 below is recommended to address cisplatin-induced electrolyte wasting.

Contraindications to these recommendations include fluid overload and moderate to severe renal dysfunction.

- e. For patients receiving cisplatin greater than or equal to 75 mg/m²/dose, IV hydration with 0.9% sodium chloride at 500 mL/hr. for two hours pre- and post-cisplatin is recommended to minimize nephrotoxicity. Addition of potassium chloride and magnesium sulfate according to Table 1 below is recommended to address cisplatin-induced electrolyte wasting. Contraindications to these recommendations include fluid overload and moderate to severe renal dysfunction.

Serum Value:	Recommended Additive:
Potassium less than 3.5 mEq/L	Potassium chloride 20 mEq/L
Potassium 3.5 to 5.1 mEq/L	Potassium chloride 10 mEq/L
Potassium greater than 5.1 mEq/L	None
Magnesium less than 1.7 mg/dL	Magnesium sulfate 2 g/L
Magnesium 1.7 to 2.3 mg/dL	Magnesium sulfate 1 g/L
Magnesium greater than 2.3 mg/dL	None

Table 1: Recommended additives for cisplatin hydration

2. Premedications

- a. **Route Interchange.** For most patients receiving chemotherapy, use of the oral route for premedications is recommended to ease administration and reduce cost. For select patients receiving chemotherapy, however, use of parenteral routes for premedications is recommended to improve tolerability and safety. These select patients include those with head and neck cancer, documented inability to swallow, or standard of practice recommending parenteral formulations for a specific chemotherapy medication. The interchanges for PO and IV routes are:

- Diphenhydramine at the same dose
- Dexamethasone at the same dose
- Famotidine at the same dose
- Ondansetron at 50% of the dose (PO to IV, maximum 16 mg)
- Ondansetron at 200% of the dose (IV to PO, maximum 24 mg)
- Metoclopramide at the same dose
- Prochlorperazine at the same dose

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- b. **Selection and Timing.** For patients receiving irinotecan, premedication with atropine 0.4 mg subcutaneous administered 30 minutes before chemotherapy is recommended to prevent early-onset diarrhea. Contraindications to this recommendation include constipation and history of atropine hypersensitivity or intolerance.
- c. **Selection and Timing.** For patients receiving daratumumab, premedication with acetaminophen, antihistamine, and corticosteroid is recommended to prevent adverse effects. Contraindications to this recommendation include history of hypersensitivity or intolerance to the recommend premedication. The recommended premedications are:
- Acetaminophen 650 mg PO administered 60 minutes before chemotherapy
 - Diphenhydramine 25 mg PO administered 60 minutes before chemotherapy
 - For first infusion, montelukast 10 mg PO administered 60 minutes before chemotherapy
 - For first infusion in monotherapy, methylprednisolone 100 mg IV administered 60 minutes before chemotherapy
 - For subsequent infusions in monotherapy, methylprednisolone 60 mg IV administered 60 minutes before chemotherapy
 - For first infusion in combination therapy, dexamethasone 20 mg IV administered 60 minutes before chemotherapy
 - For subsequent infusions in combination therapy, dexamethasone 20 mg PO administered 60 minutes before chemotherapy
- d. **Selection and Timing.** For patients receiving elotuzumab, premedication with acetaminophen and antihistamine is recommended to prevent adverse effects. Contraindications to this recommendation include history of hypersensitivity or intolerance to the recommend premedication. The recommended premedication is:
- Acetaminophen 650 mg PO administered 60 minutes before chemotherapy
 - Diphenhydramine 25 mg PO administered 60 minutes before chemotherapy
 - Famotidine 20 mg PO administered 60 minutes before chemotherapy
- e. **Selection and Timing.** For patients receiving rituximab over 90 minutes, premedication with acetaminophen, antihistamine, and corticosteroid is recommended to prevent adverse effects. Contraindications to this recommendation include history of hypersensitivity or intolerance to the recommend premedication. The recommended premedication is:

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- Acetaminophen 650 mg PO administered 30 minutes before chemotherapy
- Diphenhydramine 25 mg PO administered 30 minutes before chemotherapy
- Methylprednisolone 40 mg IV administer 30 minutes before chemotherapy

3. Hypersensitivity Protocol

- a. For patients receiving parenteral chemotherapy, a hypersensitivity protocol is recommended to reduce response time and improve outcomes in the event of a hypersensitivity reaction. Contraindications to this recommendation include history of hypersensitivity or intolerance to the recommended hypersensitivity treatment. The recommended hypersensitivity protocol is:
 - Diphenhydramine 50 mg IV as needed for mild to moderate reaction
 - Hydrocortisone 100 mg IV as needed for mild to moderate reaction
 - Epinephrine 0.3 mg IM as needed for severe hypersensitivity reaction
 - 0.9% sodium chloride, 1 L IV bolus as needed for severe hypersensitivity reaction
- b. Mild to moderate reaction includes anxiety, rash, temperature greater than or equal to 38°C, urticaria, angioedema, dyspnea, chest pain, back pain, itching, hypertension, cutaneous and gastrointestinal symptoms, dizziness, nasal congestion, or sinus tachycardia.
- c. Severe reaction includes anaphylaxis, hypotension, impending sense of doom, ventricular tachycardia, or ventricular fibrillation.
- d. The physician on call will be notified of any hypersensitivity reaction by the treating nurse as soon as possible.

DEFINITIONS

- Chemotherapy: medication treatment intended to stop or slow the growth of malignant cells
- EHR: electronic health record
- IV: intravenous
- PO: oral

RESPONSIBILITY

Pharmacy Department

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- Elotuzumab (Empliciti) prescribing information. E.R. Squibb & Sons LLC. Updated December 30, 2016.
- Hematology/Oncology Pharmacy Association Guideline: Scope of Hematology/Oncology Pharmacy Practice
- Irinotecan (Camptosar) prescribing information. Pharmacia and Upjohn Company LLC. Updated June 2, 2016.
- Rituximab (Rituxan) prescribing information. Genentech Inc. Updated December 15, 2017.

REVISION DATES

December 1, 2017; May 18, 2018, February 1, 2023