

Black Box Warning: Pregnancy: perform pregnancy testing prior to and during treatment in all female patients of childbearing potential, do not use unless a negative serum or urine pregnancy test is confirmed during the first 5 days of a normal menstrual period and at least 11 days after the last unprotected sex then monthly; do not use hormonal contraceptive as sole method

• **Beers:** use with caution in older adults; syncope may be exacerbated

Evaluate:

• Therapeutic response: decrease in pulmonary hypertension

Teach patient/family:

• To report jaundice, dark urine, joint pain, fatigue, malaise, bruising, easy bleeding, fluid retention

Black Box Warning: Patient must use nonhormonal contraception during and ≥ 1 mo after conclusion of treatment

• That lab work will be required periodically
• To take without regard to food; not to take new meds/herbs without prescriber approval; to take in AM OR PM

⚠ HIGH ALERT

RARELY USED

bosutinib (Rx)

(boe-sue'ti-nib)

Bosulif

Func. class.: Antineoplastic biologic response modifiers

Chem. class.: Signal transduction inhibitors (STIs), tyrosine kinase inhibitor

USES: Treatment of CML (chronic accelerator phase); Philadelphia chromosome-positive patients in blast-cell crisis

CONTRAINDICATIONS: Pregnancy, hypersensitivity

DOSAGE AND ROUTES

• **Adult: PO** 400 mg daily with food, may increase to 600 mg/day in those who have not developed grade 3 toxicity or in patients who do not reach complete hematological response by wk 8 or complete cytogenetic response (CCyR) by wk 12

Hepatic dosage

• **Adult: PO** Any baseline hepatic impairment: start at 200 mg/day; liver transaminase $>5 \times$ ULN, hold dose until levels are $\leq 2.5 \times$ ULN, then resume at 400 mg/day; liver transaminase level $\geq 3 \times$ ULN and bilirubin $>2 \times$ ULN and alk phos $<2 \times$ ULN, discontinue

⚠ HIGH ALERT

brentuximab vedotin (Rx)

(bren-tuk'see-mab)

Adcetris

Func. class.: Antineoplastic

Chem. class.: Monoclonal antibody

ACTION: The anticancer activity is due to the binding of the ~~tox~~ ADC to CD30-expressing cells, followed by the internalization and transportation of the ADC-CD30 complex to lysosomes and the release of MMAE via selective proteolytic cleavage; MMAE binds to tubulin and disrupts the microtubule network within the cell, inducing cell cycle arrest and apoptotic death of the cells

USES: Hodgkin's disease after failure of autologous stem cell transplant (ASCT) or after failure of at least 2 prior multiagent chemotherapy regimens in patients who are not ASCT candidates; non-Hodgkin's lymphoma (NHL); systemic anaplastic large cell lymphoma (sALCL) after failure of at least 1 prior multiagent chemotherapy regimen

CONTRAINDICATIONS: Hypersensitivity, pregnancy