Hypersensitivity / Infusion related reaction risk

This document summarises the basis for the guidance on hypersensitivity/infusion related reaction risk management provided for medical oncology regimens in the ACT-NOW Systemic Anti-Cancer Therapy Regimen Library (SRL).

Hypersensitivity / Infusion related reaction risk value options for the SRL:

- High – routine premedication recommended
- Low – routine premedication not recommended
- Variable

Guidance

- Recommendations for premedication included in the SRL regimens are generally based on the relevant manufacturer's product information.
- Where appropriate, additional information i.e. observation periods, change to infusion duration if well tolerated will be included in the medication's full details.

High – routine premedication recommended

- Regimens for which routine pre-emptive premedication is recommended, and include one or more of the following: a corticosteroid, an antihistamine, paracetamol, and an H_2-receptor antagonist. These medications are administered prior to the specific SACT medication to reduce the risk of hypersensitivity and/or administration-related reactions.
- Where premedication tapers (if well tolerated) or discontinues following a defined number of doses, this is included in the regimen.
- See Appendix 1, below for an Overview of SACT pre-medication requirements.

Low – routine premedication not recommended

- Regimens for which routine pre-emptive premedication is not recommended, however if patients experience a mild or moderate administration-related reaction with a dose refer to the NZ Datasheet or international product information for rate of administration or dose adjustment and/or consider premedication for subsequent doses.
- Immune checkpoint inhibitors have commonly been associated with infusion-related reactions (IRRs) such as hypersensitivity and anaphylaxis. However, the incidence of severe grade 3 or above IRRs is relatively uncommon. Most immune checkpoint inhibitors are categorised as 'low' risk and routine premedication is not typically recommended. Avelumab is an exception, with IRRs being very common and premedication is advised.

Variable

- Used in complex regimens which have different requirements for different cycles.
- Explanatory notes are included under the Supportive Care Factors section in the regimen.
- The recommended hypersensitivity / infusion related reaction premedication is included within the regimen definition as per "High – routine premedication recommended" above in those cycles where that is appropriate.

Each cancer type working group chair has the final decision as to the requirement of hypersensitivity / infusion related reaction guidance within an SRL regimen.

References

1. Cancer Care Ontario Management of Cancer Medication Related Infusion Reactions Full report Version 1 2019 https://www.cancercareontario.ca/en/guidelines-advice/types-of-cancer/60646 [Accessed 13 June 2022)
2. Joerger M. Prevention and handling of acute allergic and infusion reactions in oncology. Ann Oncol. 2012 Sep;23 Suppl 10:x313-9. doi: 10.1093/annonc/mds314. PMID: 22987983.
3. Roselló S, Blasco I, García Fabregat L, Cervantes A, Jordan K; ESMO Guidelines Committee. Management of infusion reactions to systemic anticancer therapy: ESMO Clinical Practice Guidelines. Ann Oncol. 2018 Oct 1;29(Suppl 4):iv260. Erratum for: Ann Oncol. 2017 Jul 1;28(suppl_4):iv100-iv118. PMID: 29741578.

Appendix 1. Overview of SACT pre-medication requirements

It is recommended to consult the latest prescribing information and literature for details on management and/or prophylaxis of infusion related reactions for systemic anticancer treatments.

Medication	Pre-medication requirement	Inclusions in the ACT-NOW SRL
amivantamab	NZ Datasheet: Prior to initial infusion of RYBREVANT (Week 1, Days 1 and 2), administer antihistamines, antipyretics, and glucocorticoids to reduce the risk of IRRs. For subsequent doses, administer antihistamines and antipyretics. Administer antiemetics as needed. Table 3 summarises the recommendations regarding pre-infusion medications. Table 3: Antihistamine* Diphenhydramine (25 to 50 mg) or equivalent IV given 15 to 30 minutes prior to RYBREVANT or Oral given 30 to 60 minutes prior. Antipyretic* Paracetamol (500 to 1,000 mg) IV given 15 to 30 minutes prior to RYBREVANT or Oral 30 to 60 minutes prior to. Glucocorticoid‡ Dexamethasone (10 mg) or Methylprednisolone (40 mg) or equivalent IV given 45 to 60 minutes prior to RYBREVANT * Required at all doses. ‡ Required at initial dose (Week 1, Days 1 and 2); optional for subsequent doses.	Hypersensitivity / Infusion related reaction risk: High - routine premedication recommended <u>Suggested pre-medications</u>: **Cycle 1:** • dexamethasone 10 mg IV 45 to 60 minutes prior to amivantamab; MUST be given days 1 and 2, may be **omitted** on days 8, 15 and 22 if no infusion-related reaction occurred during previous infusions. • loratadine 10 mg PO 30 to 60 minutes prior to each dose. • paracetamol 1000 mg PO 30 to 60 minutes prior to each dose. **Cycle 2 onwards:** • loratadine 10 mg PO 30 to 60 minutes prior to each dose • paracetamol 1000 mg PO 30 to 60 minutes prior to each dose And include statements in Cycle details: • "Administer dexamethasone 10 mg IV 45 to 60 minutes prior to amivantamab if an infusion-related reaction occurred during previous infusions". • "If dexamethasone is administered, ondansetron 8 mg ONE hour prior to amivantamab infusion for antiemetic cover may be **omitted**."
aTEZOLIzumab	NZ Datasheet: No first administration premedication requirements specified. Premedication with antipyretic and antihistamines may be considered for subsequent doses. The initial dose of Tecentriq must be administered over 60 minutes. If the first infusion is tolerated, all subsequent infusions may be administered over 30 minutes.	Hypersensitivity / Infusion related reaction risk: Low - routine premedication not recommended Include statements: • "If the initial dose is well tolerated, subsequent doses may be administered over 30 minutes". • "Administer appropriate premedications if patient had a previous infusion related reaction of a grade where re-challenge is possible".

Medication	Pre-medication requirement	Inclusions in the ACT-NOW SRL
avelumab	NZ Datasheet: Patients have to be premedicated with an antihistamine and with paracetamol prior to the first 4 infusions of BAVENCIO®. If the fourth infusion is completed without an infusion-related reaction, premedication for subsequent doses should be administered at the discretion of the physician.	Hypersensitivity / Infusion related reaction risk: High - routine premedication recommended Suggested premedications, ONE hour prior to avelumab: • paracetamol 1000 mg PO • loratadine 10 mg PO And include statement: "If the fourth infusion is completed without an infusion-related reaction, premedication for subsequent doses should be administered at the discretion of the physician".
beVACizumab	NZ Datasheet: A systematic premedication is not warranted. The initial Vegzelma dose should be delivered over 90 minutes as an IV infusion. If the first infusion is well tolerated, the second infusion may be administered over 60 minutes. If the 60-minute infusion is well tolerated, all subsequent infusions may be administered over 30 minutes. Evidence[4, 5, 6, 7, 8, 9] and clinical practice of more rapid infusion of subsequent doses of bevacizumab was reviewed by the Pharmacy Advisory Group meeting (26th August 2025). The group endorsed 2 options (see Inclusions) for more rapid infusion depending on centres preference and ability to implement variations in infusion time with treatment dose.	Hypersensitivity / Infusion related reaction risk: Low - routine premedication not recommended Include statement: "Initial dose may be administered over 30 minutes; if the previous dose is well tolerated, subsequent doses may also be administered over 30 minutes, or over **XX mg/kg*** as per institutional practice". ***XX mg/kg** depends on the dose in the regime as follows: **Treatment dose** / **Subsequent infusions** 15 mg/kg — Infuse over 30 minutes 10 mg/kg — Infuse over 20 minutes 7.5 mg/kg — Infuse over 10 minutes 5 mg/kg — Infuse over 10 minutes
bleomycin	NZ Datasheet: Routine premedication to prevent hypersensitivity reactions is not usually recommended. Grade 1 or 2 infusion related reaction slow or stop infusion and manage symptoms. Severe idiosyncratic reaction in 1% of lymphoma patients that is not allergic in nature. About half of patients may experience a self-limiting mild febrile reaction usually with the first or second administration. The reaction can be reduced with an antipyretic premedication. The incidence of the febrile reaction reduces with subsequent administrations.	Hypersensitivity / Infusion related reaction risk: High - routine premedication recommended Suggested premedication: • dexamethasone 8 to 12 mg PO ONE hour prior to chemotherapy *[if dexamethasone is required as antiemetic or as per institutional practice]* **OR** • hydrocortisone 100 mg IV 30 minutes prior to bleomycin for the first two doses and subsequent doses ONLY if previous febrile reaction, or as per institutional practice

Medication	Pre-medication requirement	Inclusions in the ACT-NOW SRL
cabazitaxel	NZ Datasheet: Premedication Regimen: Administer intravenously 30 minutes before each dose of JEVTANA: • Antihistamine (dexchlorpheniramine 5 mg or diphenhydramine 25 mg or equivalent antihistamine), • Corticosteroid (dexamethasone 8 mg or equivalent corticosteroid), • H_2 antagonist (ranitidine 50 mg or equivalent H_2 antagonist).	Hypersensitivity / Infusion related reaction risk: High - routine premedication recommended Suggested premedications, ONE hour prior to cabazitaxel: • loratadine 10 mg PO • dexamethasone 8 mg PO with food • famotidine 20 mg PO
cARBOplatin	No first administration premedication requirements specified in NZ Datasheet. Reactions more likely to occur from cycle 8. Routine premedication with a corticosteroid, antihistamine and an H_2 antagonist may not prevent infusion related reactions.[12, 13]	No supportive care value assigned for Hypersensitivity / Infusion related reaction risk. Include statement only: "Hypersensitivity risk increases with number of cycles of carboplatin".
cemiplimab	No first administration premedication requirements specified in NZ Datasheet.	Hypersensitivity / Infusion related reaction risk: Low - routine premedication not recommended

Medication	Pre-medication requirement	Inclusions in the ACT-NOW SRL
CETUximab	NZ Datasheet: Prior to the first infusion, patients must receive a premedication with an antihistamine and a corticosteroid at least 1 hour prior to administration of cetuximab. Similar premedication is recommended prior to all subsequent infusions. Close monitoring is required during the infusion and for at least 1 hour after the end of the infusion. Chemotherapy must not be administered earlier than 1 hour after the end of the cetuximab infusion. *Note:* The administration information in the SRL was reviewed and included prior to the inclusion of the 2-weekly dosing in the NZ Datasheet (20 January 2024). *Every two weeks dose regimen* For initial and subsequent doses, Erbitux is administered once every two weeks: each dose is 500 mg cetuximab per m^2 BSA. The recommended infusion period is 120 minutes. Administration: The initial dose should be given slowly to minimise the risk of infusion-related reactions (see Section 4.4). The recommended infusion period is 120 minutes. For subsequent administration, the infusion rate must not exceed 10 mg/min. If the initial infusion is well tolerated, the recommended infusion period for weekly dose regimen of 250 mg/m2 is 60 minutes and recommended infusion period for the every two weeks dose regimen of 500 mg/m^2 is 120 minutes. Subsequent administration time of 60 minutes for the 2-weekly 500 mg/m^2 dosing is based on clinical practise and a review of evidence, including clinical trials.[16, 17, 18, 19]	Hypersensitivity / Infusion related reaction risk: High - routine premedication recommended <u>Suggested premedications</u>, ONE hour prior to cetuximab: • dexamethasone 8 mg PO • loratadine 10 mg PO Include statements (Q2W dosing): • "Administer over 120 minutes; if initial and all previous doses are well tolerated, evidence from clinical trials support administration of subsequent doses over 60 minutes". • "An observation period of 60 minutes post-infusion is recommended [*and if further SACT scheduled, also include]* prior to administration of further systemic anti-cancer treatment".

Medication	Pre-medication requirement	Inclusions in the ACT-NOW SRL
cISplatin	No first administration premedication requirements specified in NZ Datasheet. Reactions more likely to occur from cycle 8. Premedication with a corticosteroid, antihistamine and an H_2 antagonist may not prevent infusion related reactions.[12,13]	No supportive care value assigned for Hypersensitivity / Infusion related reaction risk. Include statement only: "Hypersensitivity risk increases with number of cycles of cisplatin".
denosumab subcutaneous	No first administration premedication requirements specified in the NZ Datasheet.	Hypersensitivity / Infusion related reaction risk: Low - routine premedication not recommended

Medication	Pre-medication requirement	Inclusions in the ACT-NOW SRL
DOCEtaxel	NZ Datasheet: Patients should be pre-treated prior to each DBL Docetaxel administration. *Premedication in breast, non-small cell lung, ovarian and head and neck cancers:* A premedication consisting of an oral corticosteroid, e.g. dexamethasone 16 mg/day (e.g. 8 mg twice daily) for three days starting one day prior to docetaxel administration, unless contraindicated, can reduce the incidence and severity of fluid retention as well as the severity of hypersensitivity reactions. *Premedication in prostate cancer* For prostate cancer, given the concurrent use of prednisone or prednisolone, the recommended premedication regimen is oral dexamethasone 8 mg 12 hours, three hours and one hour before the docetaxel infusion. Statement: "Some centres may wish to replace the three oral doses of dexamethasone 8 mg premedication with a single intravenous dose of dexamethasone 20 mg prior to docetaxel infusion". Based on Rogers ES, et al 2014, Chouhan JD, 2011.	Hypersensitivity / Infusion related reaction risk: High - routine premedication recommended <u>Suggested premedication for Q3W regimens *except* prostate cancer with concurrent corticosteroids</u> (see below): • dexamethasone 8 mg PO twice daily* with food, for three days starting one day prior to docetaxel administration. * If aprepitant is used as part of the antiemetic regimen dexamethasone dose is reduced to 8 mg ONCE daily on days of concomitant administration. Include statement: "Some centres may wish to replace the three oral doses of dexamethasone 8 mg premedication with a single intravenous dose of dexamethasone 20 mg *[10 mg if aprepitant is used as part of antiemetic regimen]* prior to docetaxel infusion". Post docetaxel infusion dexamethasone doses should still be included to reduce incidence and severity of fluid retention. <u>Suggested premedication for Q3W regimens for prostate cancer with concurrent corticosteroids</u> (if no regular corticosteroid as part of regimen use standard premedication above): • dexamethasone 8 mg PO with food at 12 hours, three hours and one hour before the docetaxel infusion. Include statement: "Some centres may wish to replace the three oral doses of dexamethasone 8 mg premedication with a single intravenous dose of dexamethasone 20 mg *[10 mg if aprepitant is used as part of antiemetic regimen]* prior to docetaxel infusion". <u>Suggested premedication for Q1W regimens:</u> • dexamethasone 8 mg PO ONE hour prior to docetaxel infusion.
dostarlimab	No first administration premedication requirements specified in the NZ Datasheet.	Hypersensitivity / Infusion related reaction risk: Low - routine premedication not recommended

Medication	Pre-medication requirement	Inclusions in the ACT-NOW SRL
durvalumab	No first administration premedication requirements specified in NZ Datasheet.	Hypersensitivity / Infusion related reaction risk: Low - routine premedication not recommended
ipilimumab	No first administration premedication requirements specified in NZ Datasheet.	Hypersensitivity / Infusion related reaction risk: Low - routine premedication not recommended
nivolumab	No first administration premedication requirements specified in NZ Datasheet.	Hypersensitivity / Infusion related reaction risk: Low - routine premedication not recommended
oxaliplatin	No first administration premedication requirements specified in NZ Datasheet. Reactions more likely to occur from cycle 6 or on re-challenge. Premedication with a corticosteroid, antihistamine and an H_2 antagonist may not prevent infusion related reactions.[12, 13]	No supportive care value assigned for Hypersensitivity / Infusion related reaction risk. Include statement only: Hypersensitivity risk increases with number of cycles of oxaliplatin.

Medication	Pre-medication requirement	Inclusions in the ACT-NOW SRL
PACLItaxel	NZ Datasheet: All patients must be premedicated before paclitaxel is administered to prevent severe hypersensitivity effects. Such premedication may consist of: • dexamethasone 20 mg orally (or its equivalent), approximately 12 and 6 hours prior to starting the paclitaxel infusion. • promethazine 25 mg or 50 mg intravenously or other suitable H1-antagonist, 30 minutes prior to starting the paclitaxel infusion. • cimetidine 300 mg or ranitidine 50 mg by intravenous infusion over 15 minutes, starting 30 minutes prior to the paclitaxel infusion. Removal of H_2 antagonist and tapering pre-medications for weekly dosing based on review of evidence and clinical practise and endorsed by Supportive care review group members 2025.[35-39]	Hypersensitivity / Infusion related reaction risk: High - routine premedication recommended <u>Suggested premedications for Q3W regimens</u>: • dexamethasone 20 mg PO the night before and ONE hour* (or timing as per institutional policy) prior to paclitaxel infusion. Take with food. • loratadine 10 mg oral ONE hour prior to paclitaxel infusion Include statement: "If the initial infusion(s) of paclitaxel are well tolerated, clinicians may decide at their discretion, to omit dexamethasone night before dose". *The dexamethasone 20 mg dose ONE hour prior to paclitaxel should be reduced to 12 mg if aprepitant is being used as an antiemetic. <u>Suggested premedications for Q1W regimens,</u> ONE hour prior to paclitaxel infusion: Week 1: • dexamethasone 8 mg PO with food • loratadine 10 mg PO Week 2: • dexamethasone 4 mg PO with food • loratadine 10 mg PO Week 3: • loratadine 10 mg PO Week 4 onwards • No premedication Include statement: "Tapering schedule of pre-medications is for patients who did not experience a hypersensitivity reaction to the previous dose of weekly paclitaxel".
PACLItaxel nanoparticle albumin bound (nab-paclitaxel/ Abraxane®)	NZ Datasheet: No premedication to prevent hypersensitivity reactions is required prior to administration of ABRAXANE.	NIL

Medication	Pre-medication requirement	Inclusions in the ACT-NOW SRL
pegylated liposomal DOXOrubicin (Caelyx®)	NZ Datasheet: No first administration premedication requirements specified. *Breast/Ovarian cancer:* To minimise the risk of infusion reactions, the initial dose is administered at a rate no greater than 1 mg/minute. If no infusion reaction is observed, subsequent CAELYX infusions may be administered over a 60-minute period. *AIDs related Kaposi's sarcoma:* administered by intravenous infusion over 30 minutes.	No supportive care value assigned for Hypersensitivity / Infusion related reaction risk. Include statement only: High risk of hypersensitivity reactions. Maximum rate of 1 mg/min for initial dose; if the initial dose is well tolerated subsequent doses may be administered over **XX*** minutes. ***XX** = 30 or 60 minutes depending on regimen and dose used. See NZ Datasheet for specific information.
pembrolizumab	NZ Datasheet: No first administration premedication requirements specified. Patients with mild or moderate infusion reaction may continue to receive KEYTRUDA with close monitoring; premedication with antipyretic and antihistamine may be considered.	Hypersensitivity / Infusion related reaction risk: Low - routine premedication not recommended
pERTUZumab intravenous	NZ Datasheet: No first administration premedication requirements specified. An observation period of 30-60 minutes is recommended after completion of each Perjeta infusion	No supportive care value assigned for Hypersensitivity / Infusion related reaction risk. Include statements only: • "If the initial loading dose of pertuzumab is well tolerated, subsequent doses may be administered over 30 minutes". • "An observation period of 60 minutes post-infusion is recommended [*and if further SACT scheduled, also include]* prior to administration of further systemic anti-cancer treatment".

Medication	Pre-medication requirement	Inclusions in the ACT-NOW SRL
raMUCIRumab	FDA Product Information - CYRAMZA®: • Prior to each CYRAMZA infusion, premedicate all patients with an intravenous histamine-1 receptor antagonist (e.g., diphenhydramine hydrochloride) [see Warnings and Precautions (5.6)]. • For patients who have experienced a Grade 1 or 2 IRR, premedicate with a histamine-1 receptor antagonist, dexamethasone (or equivalent), and acetaminophen prior to each CYRAMZA infusion [see Dosage and Administration (2.6)]. by intravenous infusion over 60 minutes. If the first infusion is tolerated, all subsequent CYRAMZA infusions may be administered over 30 minutes.	Hypersensitivity / Infusion related reaction risk: High - routine premedication recommended <u>Suggested premedication</u>, ONE hour prior to ramucirumab: • loratadine 10 mg PO Include statement: "If the initial infusion of ramucirumab is well tolerated, subsequent doses may be administered over 30 minutes".
sacituzumab govitecan	Australian Product Information – TRODELVY®: Prevention of infusion reactions: give antipyretics, H^1 and H^2 blockers prior to infusion; corticosteroids may be used for patients who had prior infusion reactions. First infusion: Administer infusion over 3 hours. Subsequent infusions: Administer infusion over 1 to 2 hours if prior infusions were tolerated. Observe patients during the infusion and for at least 30 minutes after each infusion for signs or symptoms of infusion-related reactions.	Hypersensitivity / Infusion related reaction risk: High - routine premedication recommended <u>Suggested premedications</u>, ONE hour prior to sacituzumab govitecan: • paracetamol 1000 mg PO • loratadine 10 mg PO • famotidine 20 mg PO Include statements: • "If the initial dose is well tolerated, subsequent doses may be administered over 60 to 120 minutes". • "An observation period of at least 30 minutes post-infusion is recommended".
trabectedin	Australian Product Information – YONDELIS (TRABECTEDIN): All patients must receive corticosteroids e.g. 20 mg of dexamethasone intravenously 30 minutes prior to YONDELIS, not only as anti-emetic prophylaxis, but also because it appears to provide hepatoprotective effects. Additional anti-emetics may be administered as needed.	Hypersensitivity / Infusion related reaction risk: High - routine premedication recommended <u>Suggested premedication</u>, 30 minutes prior to trabectedin: • dexamethasone 20 mg IV

Medication	Pre-medication requirement	Inclusions in the ACT-NOW SRL
trastuzumab intravenous	No first administration premedication requirements specified in the NZ Datasheet. If the initial loading dose was well tolerated, the subsequent doses can be administered as a 30 minute infusion. Patients should be observed for fever and chills or other infusion-associated symptoms.	No supportive care value assigned for Hypersensitivity / Infusion related reaction risk. Include statement only: "If the initial loading dose of trastuzumab is well tolerated, subsequent doses may be administered over 30 minutes".

References

1. Roche Products (New Zealand) Limited. Tecentriq New Zealand Datasheet 04 February 2025. https://www.medsafe.govt.nz/profs/datasheet/t/Tecentriqinf.pdf (Accessed 29 April 2025).
2. Merck Healthcare Pty Ltd. Bavencio Australian Product Information 26 June 2025. https://www.ebs.tga.gov.au/ebs/picmi/picmirepository.nsf/pdf?OpenAgent&id=CP-2018-PI-01009-1&d=20250918172310101 (Accessed 18 September 2025).
3. Celltrion Healthcare New Zealand Limited. Vegzelma New Zealand Data Sheet 03 October 2024. https://medsafe.govt.nz/profs/Datasheet/v/Vegzelmainf.pdf (Accessed 18 September 2025).
4. NSW Cancer Institute. Bevacizumab infusion times. 21 October 2022. https://www.eviq.org.au/additional-clinical-information/113-bevacizumab-infusion-times (Accessed 04 September 2025).
5. Reidy DL, Chung KY, Timoney JP, et al. Bevacizumab 5 mg/kg can be infused safely over 10 minutes. J Clin Oncol. 2007 Jul 1;25(19):2691-5. PMID: 17602073.
6. Dohn LH, Jensen BV, Larsen FO. Short time infusion of bevacizumab in combination with 5FU-based chemotherapy as first-line therapy in a non-selective patient group with metastatic colorectal cancer. Acta Oncol. 2010 Apr;49(3):395-6. PMID: 20001495.
7. Mahfoud T, Tanz R, Mesmoudi M, et al. Bevacizumab 5 or 7.5 mg/kg in metastatic colorectal cancer can be infused safely over 10 minutes. J Gastrointest Cancer. 2012 Jun;43(2):244-8. PMID: 21197622.
8. Mir O, Alexandre J, Coriat R, et al. Safety of bevacizumab 7.5 mg/kg infusion over 10 minutes in NSCLC patients. Invest New Drugs. 2012 Aug;30(4):1756-60. Epub 2011 May 26. PMID: 21614447.
9. García Gil S, Gutiérrez Nicolás F, González De La Fuente GA, et al. Ten-minute administration of bevacizumab. Eur J Hosp Pharm. 2019 Jul;26(4):218-219. PMID: 31338171.
10. Pfizer New Zealand Limited. DBL Bleomycin Sulfate New Zealand Datasheet 21 October 2020 https://www.medsafe.govt.nz/profs/datasheet/d/dblBleomycinsulphateinj.pdf (Accessed 21 June 2022)
11. Sanofi-Aventis U.S. LLC. Jevtana United States Prescribing Information March 2020. http://products.sanofi.us/Jevtana/Jevtana.html (Accessed 30 November 2020).
12. Novartis New Zealand Limited. Carboplatin Ebewe New Zealand Datasheet 18 December 2019 https://www.medsafe.govt.nz/profs/Datasheet/c/carboplatinEbeweinj.pdf (Accessed 21 June 2022).
13. Boulanger J, Boursiquot JN, Cournoyer G, et al; Comité de l'évolution des pratiques en oncologie. Management of hypersensitivity to platinum- and taxane-based chemotherapy: cepo review and clinical recommendations. Curr Oncol. 2014 Aug;21(4):e630-41. PMID: 25089112.
14. Castells, M.C., Matulonis, U.A., and Horton, TM. Infusion reactions to systemic chemotherapy. Savarese DMF and Feldweg AM, ed. UpToDate. Waltham, MA: UpToDate Inc.

https://www.uptodate.com/contents/infusion-reactions-to-systemic-chemotherapy (Accessed 26 March 2021).
15. Medison Pharma New Zealand Limited. Libtayo New Zealand Data Sheet 08 April 2025. https://medsafe.govt.nz/profs/Datasheet/l/libtayoinf.pdf (Accessed 18 September 2025).
16. Healthcare Logistics Erbitux New Zealand Data Sheet 4 September 2018 https://www.medsafe.govt.nz/profs/datasheet/e/Erbituxinf.pdf (Accessed 13 June 2022).
17. NSW Cancer Institute. Colorectal metastatic cetuximab (two weekly). October 2020. https://www.eviq.org.au/medical-oncology/colorectal/metastatic/1681-colorectal-metastatic-cetuximab-two-weekly#administration (Accessed 12 December 2020)
18. Brodowicz T, Ciuleanu TE, Radosavljevic D, et al. FOLFOX4 plus cetuximab administered weekly or every second week in the first-line treatment of patients with KRAS wild-type metastatic colorectal cancer: a randomized phase II CECOG study. Ann Oncol. 2013 Jul;24(7):1769-1777. PMID: 23559149.
19. Martín-Martorell P, Roselló S, Rodríguez-Braun E, et al. Biweekly cetuximab and irinotecan in advanced colorectal cancer patients progressing after at least one previous line of chemotherapy: results of a phase II single institution trial. Br J Cancer. 2008 Aug 5;99(3):455-8. PMID: 18665167.
20. Pfeiffer P, Nielsen D, Bjerregaard J, et al. Biweekly cetuximab and irinotecan as third-line therapy in patients with advanced colorectal cancer after failure to irinotecan, oxaliplatin and 5-fluorouracil. Ann Oncol. 2008 Jun;19(6):1141-5. PMID: 18281264.
21. Healthcare Logistics Cisplatin Accord New Zealand Datasheet 04 December 2025. https://medsafe.govt.nz/profs/Datasheet/c/cisplatinaccordinj.pdf (Accessed 18 September 2025).
22. Amgen (New Zealand) Limited Xgeva New Zealand Data Sheet 12 October 2021 version 4.5 https://www.medsafe.govt.nz/profs/datasheet/x/xgevainj.pdf (Accessed 10 November 2022)
23. Pfizer New Zealand Limited. DBL Docetaxel New Zealand Data Sheet 07 August 2020. https://www.medsafe.govt.nz/profs/Datasheet/d/dbldocetaxelinj.pdf (Accessed 26 November 2020)
24. Chouhan JD, Herrington JD. Single premedication dose of dexamethasone 20 mg IV before docetaxel administration. J Oncol Pharm Pract. 2011 Sep;17(3):155-9. PMID: 20447949
25. Rogers, E. S., E. Witton, J. Stewart, and D. Porter. "Efficacy and safety of a single dose of dexamethasone pre docetaxel treatment: The Auckland experience." Annals of Oncology 25 (2014): iv537.
26. Masood W, Shammas S, Saleem Z, et al. Comparative study of oral and IV dexamethasone premedication in the prevention of docetaxel induced allergic reactions. J Oncol Pharm Pract. 2022;28(1):96-100. PMID: 33626987.
27. Lansinger OM, Biedermann S, He Z, Colevas AD. Do steroids matter? A retrospective review of premedication for taxane chemotherapy and hypersensitivity reactions. J Clin Oncol. 2021;39(32):3583-3590. PMID: 34357780.
28. GlaxoSmithKline NZ Limited. Jemperli New Zealand Data Sheet 29 May 2025. https://medsafe.govt.nz/profs/Datasheet/j/jemperliinf.pdf (Accessed 25 September 2025).
29. Baxter Healthcare Ltd Caelyx New Zealand Data Sheet 4 April 2024 https://www.medsafe.govt.nz/profs/datasheet/c/caelyxinf.pdf (Accessed 25 September 2025).
30. AstraZeneca Limited. IMFINZI New Zealand Data Sheet 17 July 2025. https://www.medsafe.govt.nz/profs/datasheet/i/imfinziinf.pdf (Accessed 25 September 2025).
31. Bristol-Myers Squibb (NZ) Limited. Yervoy New Zealand Data Sheet 27 January 2022 https://www.medsafe.govt.nz/profs/Datasheet/y/yervoyinj.pdf (Accessed 13 June 2022).
32. Bristol-Myers Squibb (NZ) Limited. Opdivo New Zealand Data Sheet 27 January 2022. https://www.medsafe.govt.nz/profs/Datasheet/o/opdivoinf.pdf (Accessed 13 June 2022).
33. Healthcare Logistics Oxaliplatin Accord New Zealand data sheet 30 November 2020 https://www.medsafe.govt.nz/profs/datasheet/o/oxaliccordinf.pdf (accessed 21 June 2022).

34. Novartis New Zealand Ltd. Paclitaxel Ebewe New Zealand Data Sheet 16 April 2020. https://www.medsafe.govt.nz/profs/Datasheet/p/PaclitaxelEbeweinj.pdf (Accessed 26 November 2020).
35. NSW Cancer Institute. Premedication for prophylaxis of taxane hypersensitivity reactions (infusion related reactions and anaphylaxis). August 2020. https://www.eviq.org.au/clinical-resources/side-effect-and-toxicity-management/immunological/3264-premedication-for-prophylaxis-of-taxane-hyper#102586 (Accessed 04 December 2020).
36. Berger MJ, Vargo C, Vincent M, et al. Stopping paclitaxel premedication after two doses in patients not experiencing a previous infusion hypersensitivity reaction. Support Care Cancer. 2015 Jul;23(7):2019-24. PMID: 25519756.
37. Parinyanitikul N, Tanpipattanakul W, Poovorawan N, et al. Incidence of infusion hypersensitivity reaction after withholding dexamethasone premedication in early breast cancer patients not experiencing two previous cycles of infusion hypersensitivity reaction for weekly paclitaxel chemotherapy. Support Care Cancer. 2018 Jul;26(7):2471-2477. PMID: 29435713.
38. Berger, M.J., L.J. Dunlea, A.E. Rettig, et al. Feasibility of stopping paclitaxel premedication after two doses in patients not experiencing a previous infusion hypersensitivity reaction. Support Care Cancer. 2012; 20(9):1991-7. PMID: 22089428.
39. Braverman, A.S., S. Rao, M.E. Salvatti et al. Tapering and discontinuation of glucocorticoid prophylaxis during prolonged weekly to biweekly paclitaxel administration. Chemotherapy. 2005; 51(2-3):116-9. PMID: 15886470.
40. Specialised Therapeutics Limited. Abraxane New Zealand Datasheet 02 April 2020. https://www.medsafe.govt.nz/profs/datasheet/a/Abraxaneinj.pdf (Accessed 15 December 2020).
41. Merck Sharp & Dohme (New Zealand) Limited. KEYTRUDA® New Zealand Datasheet 29 March 2022 https://www.medsafe.govt.nz/profs/datasheet/k/Keytruda.pdf (Accessed 13June 2022).
42. Roche Products (New Zealand) Limited. Perjeta New Zealand Datasheet 10 March 2021 https://www.medsafe.govt.nz/profs/datasheet/p/perjetainf.pdf (Accessed 13 June 2022).
43. Eli Lilly and Company, USA. Cyramza FDA product Information 2022 https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/125477s042lbl.pdf (Accessed 7 October 2025).
44. Gilead Sciences Pty Ltd. TRODELVY Australian Product Information 08 May 2025 https://www.ebs.tga.gov.au/ebs/picmi/picmirepository.nsf/pdf?OpenAgent&id=CP-2021-PI-02083-1 (Accessed 25 September 2025).
45. Specialised Therapeutics Pharma Pty Ltd. YONDELIS Australian Product Information 05 August 2025 https://www.ebs.tga.gov.au/ebs/picmi/picmirepository.nsf/pdf?OpenAgent&id=CP-2021-PI-01455-1 (Accessed 25 September 2025).
46. Celltrion Healthcare New Zealand Limited. Herzuma New Zealand Data Sheet 08 July 2025 https://www.medsafe.govt.nz/profs/datasheet/h/herzumainf.pdf (Accessed 25 September 2025).

Version: 1.0

Last updated: 16-Oct-2025