

GUIDELINES FOR THE PREVENTION OF CHEMOTHERAPY REGIMEN SPECIFIC COMPLICATIONS – SERIOUS HYPERSENSITIVITY REACTIONS

INTRODUCTION

The drugs in the following table are known to cause allergic reactions. The list is not exhaustive. Refer to individual SACT (systemic anticancer therapy) protocols and Summary of Product Characteristics for further details.

Note: any individual may react to any drug or excipient.

DRUGS KNOWN TO CAUSE HYPERSENSITIVITY REACTIONS

Drug	Common Reactions	Routine Pre-Medication	Notes	
		Required		
Antithymocyte	Fever	Paracetamol	Rabbit derived: Thymoglobuline®	
globulins	Skin reactions	Chlorphenamine	Horse derived: Atgam®	
	Serum sickness	Methylprednisolone		
Asparaginase	Rash	None	Escherichia coli derived:	
	Anaphylaxis		Pegaspargase [®]	
			Spectrila®	
			Erwinia chrysanthemi derived:	
			Erwinase [®]	
Azacitidine	Anaphylaxis	None		
Bevacizumab	Infusion related reactions	None	Humanised monoclonal antibody	
	Anaphylaxis		produced in Chinese Hamster	
			ovary cells	
Bleomycin	Fever	None		
	Respiratory complications			
Blinatumomab	Fever	Paracetamol	Bispecific T-cell receptor-	
	Infusion related reactions	Dexamethasone	engaging (BiTE) antibody	
	Cytokine release syndrome			
Brentuximab	Infusion related reactions	Paracetamol	Antibody-drug conjugate	
vedotin		Dexamethasone	Monoclonal antibody produced	
		Chlorphenamine	by recombinant DNA technology	
			in Chinese Hamster ovary cells	
Carboplatin,	Late onset rash	None	Cross reactions reported with	
Cisplatin &	Re-challenge may lead to		platinum compounds	
Oxaliplatin	bronchospasm or			
	anaphylaxis			
Carmustine	Flushing of the skin and	None	Reactions due to alcohol content	
	conjunctiva		of product	
Cytarabine	Fever	None		
	Rash			
Daratumumab	Infusion related reactions	Methylprednisolone	Montelukast premedication at	
	Anaphylaxis	Paracetamol	clinician discretion	
		Chlorphenamine	Human monoclonal antibody	
Dinutuximab	Infusion related reactions	Paracetamol	Mouse-human chimeric	
beta	Cytokine release syndrome	Chlorphenamine	monoclonal antibody produced in	
	Anaphylaxis		Chinese Hamster ovary cells	

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Drug	Common Reactions	Routine Pre-Medication Required	Notes	
Docetaxel	Hypotension Bronchospasm Rash Fluid retention	Dexamethasone		
Etoposide	Rash Anaphylaxis Bronchospasm	None		
Gemtuzumab ozogamicin	Infusion related reactions Anaphylaxis	Paracetamol Chlorphenamine	Antibody-drug conjugate Recombinant humanised monoclonal antibody	
Inotuzumab ozogamicin	Hypotension Flushes Breathing problems	Paracetamol Hydrocortisone Chlorphenamine	Antibody-drug conjugate Recombinant humanised monoclonal antibody	
Ipilimumab	Inflammatory adverse reactions e.g. colitis, pneumonitis, skin reactions, hepatotoxicity, neurological reactions, endocrinopathies Infusion related reactions	None	Human monoclonal antibody produced in Chinese Hamster ovary cells	
Mifamurtide	Fever Chills	Paracetamol (routine use of corticosteroids should be avoided)	Synthetic analogue of muramyl dipeptide, an immune stimulatory component of <i>Mycobacterium sp.</i> cell walls	
Nivolumab	Immune-related adverse effects e.g. pneumonitis, colitis, hepatitis, nephritis, endocrinopathies, skin reactions Infusion related reactions	None	Human monoclonal antibody produced in Chinese Hamster ovary cells	
Paclitaxel	Anaphylaxis	Chlorphenamine Dexamethasone		
Pembrolizumab	Infusion related reactions Anaphylaxis	None	Humanised monoclonal antibody produced in Chinese Hamster ovary cells	
Procarbazine	Skin reactions	None	Procarbazine is a weak monoamine oxidase inhibitor — mild monoamine oxidase reactions reported with tyramine containing foods	
Rituximab	Fever Chills Cytokine release syndrome	Paracetamol Chlorphenamine	Mouse-human chimeric monoclonal antibody produced in Chinese Hamster ovary cells	
Selpercatinib	percatinibFeverNoneHypersensitivity memoryRashreported in patient		Hypersensitivity more commonly reported in patients pre-treated with anti PD-1/PD-L1	

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PRE-MEDICATION

To prevent serious hypersensitivity reactions pre-medication must be prescribed, if indicated. Refer to specific guidance in relevant clinical guideline or SACT protocol.

ANAPHYLAXIS

Refer to C23-Resuscitation Policy (Anaphylaxis Algorithm).

REFERENCES

See summary of product characteristics for each medicine. Available at www.medicines.org.uk



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Drugs known to cause hypersensitivity reactions	1 and 2	Spectrila®, azacitidine, bevacizumab, oxaliplatin, daratumumab, gemtuzumab ozogamicin, ipilimumab, nivolumab, paclitaxel, pembrolizumab and selpercatinib	Medicines approved since Version 1 added

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