Regimen Reference Order – LEUK – inotuzumab ozogamicin

ARIA: LEUK - [inotuzumab ozogamicin (Phase 1)]
LEUK - [inotuzumab ozogamicin (Phase 2)]

Planned Course: **Phase 1 (Cycle 1 = 21 days); duration may be extended to 28 days if the patient achieves complete remission (CR) / complete remission with incomplete count recovery (CRi), followed by**

Phase 2 (Cycles 1 and 2): Every 28 days for a total of up to 3 cycles (patients proceeding to stem cell transplant)

OR

Phase 1 (Cycle 1 = 21 days); duration may be extended to 28 days if the patient achieves complete remission (CR) / complete remission with incomplete count recovery (CRi), followed by

Phase 2 (Cycles 1 to 5): Every 28 days for a total of up to 6 cycles (patients not proceeding to stem cell transplant)

Indication for Use: **Acute Lymphoblastic Leukemia, Relapsed**

CVAD: **At Provider's Discretion**

Proceed with treatment if:

Day 1

- ***ANC equal to or greater than 1 x 10^9/L AND Platelets equal to or greater than 50 x 10^9/L***
- ***Total bilirubin less than 1.5 times upper limit of normal***
- ***AST and ALT less than 2.5 times upper limit of normal***
- ***Creatinine clearance greater than or equal to 30 mL/minute***
- ***Calcium, potassium and magnesium in the normal range***

Days 8 and 15

- ***Proceed with treatment regardless of CBC***
- ***Total bilirubin less than 1.5 times upper limit of normal***
- ***AST and ALT less than 2.5 times upper limit of normal***
- ***Creatinine clearance greater than or equal to 30 mL/minute***
- ***Calcium, potassium and magnesium in the normal range***
  - ❖ **Contact Leukemia/BMT (L/BMT) Physician if parameters not met**

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Not Applicable		

Treatment Regimen – LEUK – inotuzumab ozogamicin

Drug	Dose	CCMB Administration Guideline
Establish primary solution 500 mL of: normal saline		
inotuzumab ozogamicin (Phase 1) – Cycle 1		
Day 1		
cetirizine	10 mg	Orally 30 minutes prior to inotuzumab ozogamicin
acetaminophen	650 mg	Orally 30 minutes prior to inotuzumab ozogamicin
ondansetron	8 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	20 mg	IV in normal saline 50 mL over 15 minutes
Wait 30 minutes after completion of IV pre-medication(s) before starting inotuzumab ozogamicin		
inotuzumab ozogamicin	0.8 mg/m^2	IV in normal saline 50 mL over 1 hour *Concentration dependent drug: Pharmacy will adjust diluent volume to ensure drug stability*
Days 8 and 15		
cetirizine	10 mg	Orally 30 minutes prior to inotuzumab ozogamicin
acetaminophen	650 mg	Orally 30 minutes prior to inotuzumab ozogamicin
ondansetron	8 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	20 mg	IV in normal saline 50 mL over 15 minutes
Wait 30 minutes after completion of IV pre-medication(s) before starting inotuzumab ozogamicin		
inotuzumab ozogamicin	0.5 mg/m^2	IV in normal saline 50 mL over 1 hour *Concentration dependent drug: Pharmacy will adjust diluent volume to ensure drug stability*
Phase 2 starts 3 to 4 weeks after Cycle 1, Day 1 of inotuzumab ozogamicin (Phase 1)		
inotuzumab ozogamicin (Phase 2) – Cycles 1 and 2 (patients proceeding to stem cell transplant) OR inotuzumab ozogamicin (Phase 2) – Cycles 1 to 5 (patients not proceeding to stem cell transplant)		
Day 1		
cetirizine	10 mg	Orally 30 minutes prior to inotuzumab ozogamicin
acetaminophen	650 mg	Orally 30 minutes prior to inotuzumab ozogamicin
ondansetron	8 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	20 mg	IV in normal saline 50 mL over 15 minutes
Wait 30 minutes after completion of IV pre-medication(s) before starting inotuzumab ozogamicin		
inotuzumab ozogamicin	**0.8 mg/m^2** **OR** **0.5 mg/m^2** if patient achieved CR or CRi	IV in normal saline 50 mL over 1 hour *Concentration dependent drug: Pharmacy will adjust diluent volume to ensure drug stability*

Days 8 and 15		
cetirizine	10 mg	Orally 30 minutes prior to inotuzumab ozogamicin
acetaminophen	650 mg	Orally 30 minutes prior to inotuzumab ozogamicin
ondansetron	8 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	20 mg	IV in normal saline 50 mL over 15 minutes
Wait 30 minutes after completion of IV pre-medication(s) before starting inotuzumab ozogamicin		
inotuzumab ozogamicin	0.5 mg/m^2	IV in normal saline 50 mL over 1 hour *Concentration dependent drug: Pharmacy will adjust diluent volume to ensure drug stability*

In the event of an infusion-related hypersensitivity reaction, refer to the **'Hypersensitivity Reaction Standing Order'**

REQUIRED MONITORING

All Cycles

- CBC, serum creatinine, urea, potassium, calcium, magnesium, AST, ALT, total bilirubin and albumin as per Physician Orders on **Days 1, 8 and 15**
- Weight assessment by clinic prior to each dose
- Monitor for signs of veno-occlusive disease or sinusoidal obstructive syndrome (hepatomegaly, right upper quadrant pain, jaundice, ascites, elevation in liver enzymes and unexplained weight gain)
- EKG prior to starting therapy and as clinically indicated. QTcF less than 470 msec to be confirmed
- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O_2 saturation) at baseline and as clinically indicated
- Monitor patients for infusion-related reactions during the infusion and for at least 1 hour after the end of every infusion. Patient can be discharged from treatment room if stable

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
dexamethasone	8 mg	Orally once daily for 2 days starting the morning after chemotherapy
metoclopramide	10 – 20 mg	Orally every 4 hours as needed for nausea and vomiting

DISCHARGE INSTRUCTIONS

- Patients should be instructed to contact their cancer team immediately if symptoms of hypersensitivity reactions occur after discharge
- Instruct patient to continue taking anti-emetic(s) at home
- Ask patient to report any fever, feeling unwell, unexplained weight gain, fluid retention, abdominal or right upper quadrant pain to their cancer team
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

- Improvement in disease or stable disease must be confirmed before each cycle (not more than 50% increase in blast count percentage based on peripheral blood or bone marrow)
- Recovery to grade 1 or baseline of all non-hematologic toxicities (except alopecia) prior to each dose
- **Note:** Upon completion of 1 cycle of **LEUK - [inotuzumab ozogamicin (Phase 1)]**, patients should be started on **LEUK - [inotuzumab ozogamicin (Phase 2)]** to complete up to 3 or 6 cycles
    - **LEUK - [inotuzumab ozogamicin (Phase 2)]** should begin 21 to 28 days after Cycle 1, Day 1 of **LEUK - [inotuzumab ozogamicin (Phase 1)]**
- Administration site restrictions are in place for inotuzumab ozogamicin; should only be administered on GD6 (inpatient) or CCMB MacCharles in Winnipeg (outpatient)