Regimen Reference Order – LYMP – oBINutuzumab + CVP

ARIA: LYMP – [oBINutuzumab + CVP]

Planned Course: **Every 21 days up to 8 cycles**
Indication for Use: **Non-Hodgkin Lymphoma**

CVAD: At Provider's Discretion (VESICANT INVOLVED)

Proceed with treatment if:

ANC equal to or greater than 1 x 10^9/L AND Platelets equal to or greater than 100 x 10^9/L

- **Contact Hematologist if parameters not met**

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Instruct patient to start vigorous oral pre-hydration (600-900 mL) the morning of cyclophosphamide treatment **(Self-administered at home)**		
allopurinol	300 mg	Orally once daily for 10 days to begin 3 days prior to Cycle 1 **(Self-administered at home)** Only patients at risk of tumor lysis syndrome will be prescribed allopurinol Note: allopurinol should not be prescribed beyond 10 days unless under the direction of the hematologist. See *Additional Information*

Treatment Regimen – LYMP – oBINutuzumab + CVP

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
Cycle 1		
Day 1		
predniSONE	100 mg	Orally once in the morning with food **(Self-administered at home)**
cetirizine	10 mg	Orally 30 minutes prior to oBINutuzumab
acetaminophen	650 mg	Orally 30 minutes prior to oBINutuzumab
dexamethasone	20 mg	IV in normal saline 50 mL over 15 minutes **1 hour** prior to oBINutuzumab **Nursing Alert:* oBINutuzumab starts **1 hour after completion** of dexamethasone infusion*
Wait 1 hour after completion of IV pre-medication(s) before starting oBINutuzumab		

<table>
<tr><td>oBINutuzumab</td><td>100 mg</td><td>IV in normal saline 100 mL following administration rates below:
• 0 to 60 minutes – 6 mL/hour
• 60 to 120 minutes – 12 mL/hour
• 120 minutes onwards – 24 mL/hour
* Alert: Pharmacy to ensure final volume in bag = 100 mL (1 mg/mL final concentration)
*Nursing Alert: IV tubing is primed with oBINutuzumab</td></tr>
<tr><td colspan="3">Day 2</td></tr>
<tr><td>predniSONE</td><td>100 mg</td><td>Orally once in the morning with food
(Self-administered at home)</td></tr>
<tr><td>cetirizine</td><td>10 mg</td><td>Orally 30 minutes prior to oBINutuzumab</td></tr>
<tr><td>acetaminophen</td><td>650 mg</td><td>Orally 30 minutes prior to oBINutuzumab</td></tr>
<tr><td>dexamethasone</td><td>20 mg</td><td>IV in normal saline 50 mL over 15 minutes <u>1 hour</u> prior to oBINutuzumab
*Nursing Alert: oBINutuzumab starts 1 hour after completion of dexamethasone infusion</td></tr>
<tr><td colspan="3">Wait 1 hour after completion of IV pre-medication(s) before starting oBINutuzumab</td></tr>
<tr><td>oBINutuzumab</td><td>900 mg</td><td>IV in normal saline 250 mL following administration rates below:
• 0 to 30 minutes – 14 mL/hour
• 30 to 60 minutes – 28 mL/hour
• 60 to 90 minutes – 42 mL/hour
• 90 to 120 minutes – 56 mL/hour
• 120 to 150 minutes – 69 mL/hour
• 150 to 180 minutes – 83 mL/hour
• 180 to 210 minutes – 97 mL/hour
• 210 to 240 minutes – 111 mL/hour
*Alert: Pharmacy to ensure final volume in bag = 250 mL (3.6 mg/mL final concentration)
*Nursing Alert: IV tubing is primed with oBINutuzumab</td></tr>
<tr><td>ondansetron</td><td>16 mg</td><td>Orally 30 minutes pre-chemotherapy</td></tr>
<tr><td>vinCRIStine</td><td>1.4 mg/m^2; maximum dose 2 mg</td><td>IV in normal saline 25 mL over 2 to 3 minutes by gravity infusion</td></tr>
<tr><td>cyclophosphamide</td><td>750 mg/m^2</td><td>IV in normal saline 250 mL over 1 hour</td></tr>
<tr><td colspan="3">Days 3, 4 and 5</td></tr>
<tr><td>predniSONE</td><td>100 mg</td><td>Orally once daily in the morning with food
(Self-administered at home)</td></tr>
<tr><td colspan="3">Days 8 and 15</td></tr>
<tr><td>cetirizine</td><td>10 mg</td><td>Orally 30 minutes prior to oBINutuzumab</td></tr>
<tr><td>acetaminophen</td><td>650 mg</td><td>Orally 30 minutes prior to oBINutuzumab</td></tr>
</table>

oBINutuzumab	1000 mg	**<u>Slow Infusion</u>:** IV in normal saline 250 mL following administration rates below: • 0 to 30 minutes – 25 mL/hour • 30 to 60 minutes – 50 mL/hour • 60 to 90 minutes – 75 mL/hour • 90 minutes onwards – 100 mL/hour **Alert: Pharmacy to ensure final volume in bag = 250 mL (4 mg/mL final concentration)* **Nursing Alert: IV tubing is primed with oBINutuzumab*
Cycles 2 to 8		
Day 1		
predniSONE	100 mg	Orally once in the morning with food (**Self-administered at home**)
cetirizine	10 mg	Orally 30 minutes prior to oBINutuzumab
acetaminophen	650 mg	Orally 30 minutes prior to oBINutuzumab
oBINutuzumab	1000 mg	**<u>Rapid Infusion</u>:** IV in normal saline 250 mL following administration rates below: • 0 to 30 minutes – 25 mL/hour • 30 to 93 minutes – 225 mL/hour **Alert: Pharmacy to ensure final volume in bag = 250 mL (4 mg/mL final concentration)* **Nursing Alert: IV tubing is primed with oBINutuzumab* **OR** **<u>Slow Infusion</u>:** IV in normal saline 250 mL following administration rates below: • 0 to 30 minutes – 25 mL/hour • 30 to 60 minutes – 50 mL/hour • 60 to 90 minutes – 75 mL/hour • 90 minutes onwards – 100 mL/hour **Alert: Pharmacy to ensure final volume in bag = 250 mL (4 mg/mL final concentration)* **Nursing Alert: IV tubing is primed with oBINutuzumab*
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy
vinCRIStine	1.4 mg/m^2; maximum dose 2 mg	IV in normal saline 25 mL over 2 to 3 minutes by gravity infusion
cyclophosphamide	750 mg/m^2	IV in normal saline 250 mL over 1 hour
Days 2, 3, 4 and 5		
predniSONE	100 mg	Orally once daily in the morning with food (**Self-administered at home**)

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

REQUIRED MONITORING

All Cycles
Day 1

- CBC, serum creatinine, urea, electrolytes, liver enzymes, LDH, total bilirubin, uric acid and albumin as per Physician Orders

Cycle 1
Days 8 and 15

- No blood work required

oBINutuzumab monitoring

- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O_2 saturation) at baseline and as clinically indicated
- No observation period is required after oBINutuzumab administration. Patient can be discharged from treatment room if stable whether they had a reaction or not

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
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
  - Maintain oral intake of 2000 mL (8 glasses) of fluid daily at home
  - Empty bladder every 2 hours while awake and at bedtime for 24 hours after each dose of cyclophosphamide
  - Obtain immediate assistance as per your clinic's contact instructions if:
    - Symptoms of hemorrhagic cystitis (e.g. dysuria, hematuria)
    - Unable to drink recommended amount of fluid
- predniSONE is a cancer therapy in this treatment regimen. Remind patient to take predniSONE at home
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

- Administering nurse must document any infusion-related reactions with any dose of oBINutuzumab
- Ensure there were **no Grade 3 or 4** infusion-related reactions with the three preceding infusions prior to administering oBINutuzumab via rapid infusion. Patients will be switched to rapid infusion at Cycle 2, Day 1 if lymphocyte count is less than 5 x 10^9/L
- **Note: For Cycles 2 to 8**, an entry called ***"Physician Reminder – oBINutuzumab infusion time 1 Units Insert Miscellaneous once"*** will appear in the electronic drug order. No action is required. **This prompt is to remind the prescriber to confirm that patient is eligible for oBINutuzumab rapid infusion**
- For Cycle 1, Days 1 and 2, oBINutuzumab administration is 6 to 8 hours on average. Treatment should be booked for earliest morning appointment