

## Regimen Reference Order – LYMP – oBINutuzumab maintenance

**Planned Course:** Every 8 weeks for 12 doses (2 years)

**Indication for Use:** Non-Hodgkin Lymphoma

**CVAD:** At Provider’s Discretion

**Proceed with treatment if:**

**ANC equal to or greater than  $1 \times 10^9/L$  AND Platelets equal to or greater than  $75 \times 10^9/L$**

❖ **Contact Hematologist if parameters not met**

### SEQUENCE OF MEDICATION ADMINISTRATION

#### Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Not Applicable		

#### Treatment Regimen – LYMP – oBINutuzumab maintenance

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
cetirizine	10 mg	Orally 30 minutes prior to oBINutuzumab
acetaminophen	650 mg	Orally 30 minutes prior to oBINutuzumab
oBINutuzumab	1000 mg	<p><b>Rapid Infusion:</b> IV in normal saline 250 mL following administration rates below:</p> <ul style="list-style-type: none"> <li>• 0 to 30 minutes – 25 mL/hour</li> <li>• 30 to 93 minutes – 225 mL/hour</li> </ul> <p><i>*Alert: Pharmacy to ensure final volume in bag = 250 mL (4 mg/mL final concentration)</i></p> <p><i>*Nursing Alert: IV tubing is primed with oBINutuzumab</i></p>
		<b>OR</b>
		<p><b>Slow Infusion:</b> IV in normal saline 250 mL following administration rates below:</p> <ul style="list-style-type: none"> <li>• 0 to 30 minutes – 25 mL/hour</li> <li>• 30 to 60 minutes – 50 mL/hour</li> <li>• 60 to 90 minutes – 75 mL/hour</li> <li>• 90 minutes onwards – 100 mL/hour</li> </ul> <p><i>*Alert: Pharmacy to ensure final volume in bag = 250 mL (4 mg/mL final concentration)</i></p> <p><i>*Nursing Alert: IV tubing is primed with oBINutuzumab</i></p>

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

## REQUIRED MONITORING

### All Cycles

- CBC as per Physician Orders
- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O<sub>2</sub> 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
None required		

## DISCHARGE INSTRUCTIONS

- Patients should be instructed to contact their cancer team immediately if symptoms of hypersensitivity reactions occur after discharge

## 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 and that lymphocyte count is less than  $5 \times 10^9/L$  prior to administering oBINutuzumab via rapid infusion
- **Note:** 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**