

Regimen Reference Order – CLL – oBINutuzumab + chlorambucil

ARIA: CLL – [oBINutuzumab + chlorambucil]

Planned Course: Every 28 days for 6 cycles

Indication for Use: Chronic Lymphocytic Leukemia First Line

CVAD: At Provider's Discretion

Proceed with treatment if:

Prior to Day 1 of Cycle 1 ONLY

- **Proceed regardless of blood counts**

Prior to Day 1 and Day 15 of each Cycle

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

- **Platelets decrease less than 50% from pre-treatment value (prior to Cycle 1, Day 1)**

- ❖ **Contact Physician if parameters not met**

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
allopurinol*	300 mg	Orally once daily for 10 days to begin 3 days prior to Cycle 1 and at provider's discretion for subsequent cycles * Only patients at risk of tumor lysis syndrome will be prescribed allopurinol

Treatment Regimen – CLL – oBINutuzumab + chlorambucil

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
CYCLE 1		
Day 1		
dexamethasone	40 mg	IV in normal saline 50 mL over 15 minutes 1 hour prior to oBINutuzumab <i>*Nursing Alert: oBINutuzumab starts 1 hour after completion of dexamethasone infusion</i>
diphenhydrAMINE	50 mg	IV in normal saline 50 mL over 15 minutes 30 minutes prior to oBINutuzumab
acetaminophen	650 mg	Orally 30 minutes prior to oBINutuzumab
oBINutuzumab	100 mg	IV in normal saline 100 mL following administration rates below: <ul style="list-style-type: none"> • 0 to 60 minutes – 6 mL/hour • 60 to 120 minutes – 12 mL/hour • 120 minutes onward – 24 mL/hour <i>* Alert: Pharmacy to ensure final volume in bag = 100 mL (1mg/mL final concentration)</i> <i>*Nursing Alert: Line will be primed with oBINutuzumab</i>
chlorambucil	0.25 mg/kg	Orally once. Can be taken any time of day (Self-administered at home)

Day 2		
dexamethasone	40 mg	IV in normal saline 50 mL over 15 minutes 1 hour prior to oBINutuzumab <i>*Nursing Alert: oBINutuzumab starts 1 hour after completion of dexamethasone infusion</i>
diphenhydrAMINE	50 mg	IV in normal saline 50 mL over 15 minutes 30 minutes prior to oBINutuzumab
acetaminophen	650 mg	Orally 30 minutes prior to oBINutuzumab
oBINutuzumab	900 mg	IV in normal saline 250 mL following administration rates below: <ul style="list-style-type: none"> • 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 <i>*Alert: Pharmacy to ensure final volume in bag = 250 mL (3.6 mg/mL final concentration)</i> <i>*Nursing Alert: Line will be primed with oBINutuzumab</i>
Day 8		
dexamethasone	40 mg	IV in normal saline 50 mL over 15 minutes 1 hour prior to oBINutuzumab <i>*Nursing Alert: oBINutuzumab starts 1 hour after completion of dexamethasone infusion</i>
diphenhydrAMINE	50 mg	IV in normal saline 50 mL over 15 minutes 30 minutes prior to oBINutuzumab
acetaminophen	650 mg	Orally 30 minutes prior to oBINutuzumab
oBINutuzumab	1000 mg	IV in normal saline 250 mL following administration rates below: <ul style="list-style-type: none"> • 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 <i>*Alert: Pharmacy to ensure final volume in bag = 250 mL (4 mg/mL final concentration)</i> <i>*Nursing Alert: Line will be primed with oBINutuzumab</i>
Day 15		
dexamethasone	40 mg	IV in normal saline 50 mL over 15 minutes 1 hour prior to oBINutuzumab <i>*Nursing Alert: oBINutuzumab starts 1 hour after completion of dexamethasone infusion</i>
diphenhydrAMINE	50 mg	IV in normal saline 50 mL over 15 minutes 30 minutes prior to oBINutuzumab
acetaminophen	650 mg	Orally 30 minutes prior to oBINutuzumab
oBINutuzumab	1000 mg	IV in normal saline 250 mL following administration rates below:

		<ul style="list-style-type: none"> • 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 <p><i>*Alert: Pharmacy to ensure final volume in bag = 250 mL (4 mg/mL final concentration)</i></p> <p><i>*Nursing Alert: Line will be primed with oBINutuzumab</i></p>
chlorambucil	0.25 mg/kg	Orally once. Can be taken any time of day (Self-administered at home)
CYCLES 2 to 6		
Day 1		
dexamethasone	20 mg	IV in normal saline 50 mL over 15 minutes 1 hour prior to oBINutuzumab <i>*Nursing Alert: oBINutuzumab starts 1 hour after completion of dexamethasone infusion</i>
diphenhydramine	50 mg	IV in normal saline 50 mL over 15 minutes 30 minutes prior to oBINutuzumab
acetaminophen	650 mg	Orally 30 minutes prior to oBINutuzumab
oBINutuzumab	1000 mg	IV in normal saline 250 mL following administration rates below: <ul style="list-style-type: none"> • 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 <p><i>*Alert: Pharmacy to ensure final volume in bag = 250 mL (4 mg/mL final concentration)</i></p> <p><i>*Nursing Alert: Line will be primed with oBINutuzumab</i></p>
chlorambucil	0.25 mg/kg to 0.5 mg/kg	Orally once. Can be taken any time of day (Self-administered at home) Dose may be increased to 0.5 mg/kg at Cycle 2 at physician's discretion
Day 15		
chlorambucil	0.25 mg/kg to 0.5 mg/kg	Orally once. Can be taken any time of day (Self-administered at home) Dose may be increased to 0.5 mg/kg at Cycle 2 at physician's discretion
chlorambucil (Leukeran®) available dosage strengths: 2 mg tablets		
Classification: Cytotoxic, Hazardous		

Flush after each medication:

- 50 mL over 6 minutes (500 mL/hr)

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

REQUIRED MONITORING

Day 1

- CBC, serum creatinine, total bilirubin, AST, ALT, uric acid as per physician order

Day 15

- CBC as per Physician Orders

Cycle 1, Day 1

- Full vital signs (temperature, heart rate, respiration, blood pressure and O₂ saturation)
 - at baseline, then
 - blood pressure and pulse every 15 minutes for 1 hour, then
 - blood pressure and pulse every 30 minutes for 1 hour, then
 - blood pressure every hour until infusion complete
- No observation period is required
- Patient can be discharged from treatment room if stable whether they had a reaction or not

Cycle 1, Day 2 and subsequent infusions

- Full vital signs (temperature, heart rate, respiration, blood pressure and O₂ saturation) prior to each dose of oBINutuzumab and as clinically indicated
- No observation period is required
- Patient can be discharged from treatment room if stable whether they had a reaction or not

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
ondansetron	8 mg	Orally 30 minutes prior to chlorambucil on Days 1 and 15

DISCHARGE INSTRUCTIONS

- Remind patient to take chlorambucil at home
- chlorambucil is stored in the refrigerator
- 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
- Administration site restrictions are in place for oBINutuzumab as per CCMB Drug Formulary. Cycle 1, Days 1 and 2 must be administered at CCMB MacCharles or Tache in Winnipeg
- For Cycles 1 and 2, oBINutuzumab administration is 6 to 8 hours on average. Treatment should be booked at earliest morning appointment