Regimen Reference Order – LYMP – mogamulizumab

ARIA: LYMP - [mogamulizumab]

Planned Course: **Until disease progression or unacceptable toxicity (1 cycle = 28 days)**
Indication for Use: **Mycosis fungoides and Sezary syndrome**

CVAD: At Provider's Discretion

Proceed with treatment if:
ANC equal to or greater than 1 x 10^9/L AND Platelets equal to or greater than 50 x 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 – mogamulizumab

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
Cycle 1		
Days 1, 8, 15 and 22		
cetirizine	20 mg	Orally 30 minutes prior to mogamulizumab
acetaminophen	650 mg	Orally 30 minutes prior to mogamulizumab
dexamethasone	20 mg	**Days 1 and 8 only**: IV in normal saline 50 mL over 15 minutes **1 hour** prior to mogamulizumab **Nursing Alert: mogamulizumab starts **1 hour after completion** of dexamethasone infusion*
		Days 15 and 22: ***ONLY* to be given if patient had a grade 3 or 4 infusion-related reaction with their previous mogamulizumab infusion** IV in normal saline 50 mL over 15 minutes **1 hour** prior to mogamulizumab **Nursing Alert: mogamulizumab starts **1 hour after completion** of dexamethasone infusion*

If applicable, wait 1 hour after completion of IV pre-medication(s) before starting mogamulizumab

mogamulizumab	1 mg/kg	**<u>Day 1</u>**: IV in normal saline 250 mL over 2 hours *Use 0.2 or 0.22 micron filter*
		<u>Days 8, 15 and 22</u>: IV in normal saline 250 mL over 1 to 2 hours *Use 0.2 or 0.22 micron filter* **Nursing Alert: mogamulizumab should be infused over 2 hours if patient experienced an infusion-related reaction with their previous mogamulizumab infusion*
Cycle 2 and Onwards		
Days 1 and 15		
cetirizine	20 mg	Orally 30 minutes prior to mogamulizumab
acetaminophen	650 mg	Orally 30 minutes prior to mogamulizumab
mogamulizumab	1 mg/kg	IV in normal saline 250 mL over 1 to 2 hours *Use 0.2 or 0.22 micron filter* **Nursing Alert: mogamulizumab should be infused over 2 hours if patient experienced an infusion-related reaction with their previous mogamulizumab infusion*
All doses will be automatically rounded that fall within CCMB Approved Dose Bands. See Dose Banding document for more information		

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

REQUIRED MONITORING

Cycle 1

Days 1 and 15

- CBC, serum creatinine, urea, electrolytes, liver enzymes, LDH, total bilirubin, uric acid, albumin, glucose and TSH as per Physician Orders
- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O_2 saturation) at baseline and as clinically indicated
- Cycle 1, Day 1 ONLY: Observe patient for 30 minutes after mogamulizumab infusion (first dose). Full vital signs prior to discharge

Days 8 and 22

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

Cycle 2 and Onwards
Days 1 and 15

- CBC, serum creatinine, urea, electrolytes, liver enzymes, LDH, total bilirubin, uric acid, albumin, glucose and TSH as per Physician Orders
- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O_2 saturation) at baseline and as clinically indicated
- No observation period 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
None required		

DISCHARGE INSTRUCTIONS

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

ADDITIONAL INFORMATION

- mogamulizumab can cause severe skin rash
- Serious immune-mediated complications and infections have been reported with mogamulizumab