Regimen Reference Order – LYMP – oBINutuzumab + fludarabine

ARIA: LYMP – [oBINutuzumab + fludarabine]

Planned Course: Every 28 days for 6 cycles
Indication for Use: Non-Hodgkin Lymphoma

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 100 x 10^9/L***
- ***Creatinine clearance greater than 30 mL/minute***
  - ❖ **Contact Hematologist if parameters not met**

***Note:** Hepatitis B serology results must be reviewed in accordance with CCMB Policy Hepatitis B Monitoring for Oncology and Hematology Patients*

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 **(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 + fludarabine

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
Cycle 1		
Day 1		
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

oBINutuzumab	100 mg	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*
fludarabine	40 mg/m^2 (round to nearest 10 mg)	Orally once with or without food Swallow whole **(Self-administered at home)**
Day 2		
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		
oBINutuzumab	900 mg	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*
fludarabine	40 mg/m^2 (round to nearest 10 mg)	Orally once with or without food Swallow whole **(Self-administered at home)**
Days 3, 4 and 5		
fludarabine	40 mg/m^2 (round to nearest 10 mg)	Orally once daily with or without food Swallow whole **(Self-administered at home)**
Days 8 and 15		
cetirizine	10 mg	Orally 30 minutes prior to oBINutuzumab
acetaminophen	650 mg	Orally 30 minutes prior to oBINutuzumab

oBINutuzumab	1000 mg	**Slow Infusion:** 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 6		
Day 1		
cetirizine	10 mg	Orally 30 minutes prior to oBINutuzumab
acetaminophen	650 mg	Orally 30 minutes prior to oBINutuzumab
oBINutuzumab	1000 mg	**Rapid Infusion:** 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
		Slow Infusion: 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*
fludarabine	40 mg/m^2 (round to nearest 10 mg)	Orally once with or without food Swallow whole **(Self-administered at home)**
Days 2, 3, 4 and 5		
fludarabine	40 mg/m^2 (round to nearest 10 mg)	Orally once daily with or without food Swallow whole **(Self-administered at home)**
fludarabine (FLUDARA®) available dosage strength: 10 mg tablets **Classification: Cytotoxic, Hazardous**		

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

REQUIRED MONITORING

Hepatitis B serology

- Hepatitis B surface antigen and Hepatitis B core antibody (drawn within preceding 5 years)

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
valACYclovir	500 mg	Orally once daily
sulfamethoxazole-trimethoprim	800/160 mg	Orally twice daily on Saturdays and Sundays only
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) and support medications at home
- Treatment room nurse to provide oral fludarabine on Day 1 of each cycle. fludarabine is a cancer therapy in this treatment regimen. Remind patient to take fludarabine at home
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

- Due to the risk of reactivation of Hepatitis B virus (HBV) while on this treatment regimen, prescriber must adhere to CCMB Policy ***Hepatitis B Monitoring for Oncology and Hematology Patients*** for ordering and interpreting HBV serology and prescribing antiviral prophylaxis
- 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 5×10^9/L
- **Note: For Cycles 2 to 6**, 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**
- Patients on fludarabine should receive irradiated blood products
- valACYclovir (shingles prophylaxis) and sulfamethoxazole-trimethoprim (*Pneumocystis jirovecii* pneumonia prophylaxis) continue while on treatment and for 6 months after discontinuation of treatment due to risk of prolonged immunosuppression
- For Cycle 1, Days 1 and 2, oBINutuzumab administration is 6 to 8 hours on average. Treatment should be booked for earliest morning appointment
- Oral fludarabine is dispensed by the pharmacy site that prepares the oBINutuzumab