

## Regimen Reference Order – LYMP – oBINutuzumab maintenance

To order this therapy in ARIA, refer to ADDITIONAL INFORMATION

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

***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
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><u>Rapid Infusion:</u></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><u>Slow Infusion:</u></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

### Hepatitis B serology

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

### 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

- 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 and that lymphocyte count is less than 5 x 10<sup>9</sup>/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**
- **ARIA ordering:** Support protocols are available under **oBINutuzumab maint.** in the “Lymphoma” folder