

Regimen Reference Order – LYMP – oBINutuzumab + CEOP

ARIA: LYMP – [oBINutuzumab + CEOP]

Planned Course: Every 21 days for 6 cycles

Indication for Use: Non-Hodgkin Lymphoma

CVAD: At Provider's Discretion (VESICANT INVOLVED)

Proceed with treatment if:

Day 1

ANC equal to or greater than $1 \times 10^9/L$ AND Platelets equal to or greater than $100 \times 10^9/L$

❖ Contact Hematologist if parameters not met

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
predniSONE	100 mg Cycle 1	Orally once daily at breakfast on Days 2 to 6 (Self-administered at home)
	100 mg Cycles 2 to 6	Orally once daily at breakfast on Days 1 to 5 (Self-administered at home)
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 – LYMP – oBINutuzumab + CEOP

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
Cycle 1		
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 at least 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>

Day 2		
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 at least 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>
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
etoposide	50 mg/m ²	IV in normal saline 250 mL over 1 hour <i>Use non-DEHP bags and non-DEHP administration sets</i> <i>Concentration dependent drug. Pharmacy will adjust diluent volume to ensure drug stability</i> <i>*Nursing Alert: pump programming should reflect actual volume in the bag</i>
vinCRIStine	1.4 mg/m ² ; maximum dose 2 mg	IV in normal saline 25 mL over 2 to 3 minutes
cyclophosphamide	750 mg/m ²	IV in normal saline 250 mL over 1 hour
Days 3 and 4		
metoclopramide	20 mg	Orally 30 minutes pre-chemotherapy
etoposide	50 mg/m ²	IV in normal saline 250 mL over 1 hour <i>Use non-DEHP bags and non-DEHP administration sets</i> <i>Concentration dependent drug. Pharmacy will adjust diluent volume to ensure drug stability</i>
Days 8 and 15		
dexamethasone	20 mg	ONLY to be given if patient had a grade 3 or 4 infusion-related reaction with their previous oBINutuzumab infusion or if their lymphocyte count prior to Day 1 of current cycle was greater than $25 \times 10^9/L$ 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	ONLY to be given if patient experienced any infusion-related reaction with previous oBINutuzumab infusion 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>
Cycles 2 to 6		
Day 1		
dexamethasone	12 mg or 20 mg	12mg IV in normal saline 50mL over 15 minutes. Can be given 30 minutes pre-treatment OR 20mg IV in normal saline 50 mL over 15 minutes 1 hour prior to oBINutuzumab if patient had a grade 3 or 4 infusion-related reaction or their lymphocyte count prior to Day 1 of current cycle is greater than $25 \times 10^9/L$ (starts 1 hour after completion of dexamethasone infusion)
diphenhydrAMINE	50 mg	ONLY to be given if patient experienced any infusion-related reaction with previous oBINutuzumab infusion 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>
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
etoposide	50 mg/m ²	IV in normal saline 250 mL over 1 hour <i>Use non-DEHP bags and non-DEHP administration sets</i> <i>Concentration dependent drug. Pharmacy will adjust diluent volume to ensure drug stability</i>
vinCRiStine	1.4 mg/m ² ; maximum dose 2 mg	IV in normal saline 25 mL over 2 to 3 minutes
cyclophosphamide	750 mg/m ²	IV in normal saline 250 mL over 1 hour

Days 2 and 3		
metoclopramide	20 mg	Orally 30 minutes pre-chemotherapy
etoposide	50 mg/m ²	IV in normal saline 250 mL over 1 hour <i>Use non-DEHP bags and non-DEHP administration sets</i> <i>Concentration dependent drug. Pharmacy will adjust diluent volume to ensure drug stability</i>

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

All Cycles

- CBC, biochemistry as per physician order

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 every 12 hours for 2 doses starting the evening of chemotherapy (CEOP) and then every 12 hours as needed thereafter

DISCHARGE INSTRUCTIONS

- Instruct patient to continue taking anti-emetic(s) at home
- Instruct patient to:
 - Continue taking anti-emetic(s) at home
 - Maintain oral intake of 2000 mL (8 glasses) of fluid daily at home
 - Empty bladder every 2 hours while awake and at bedtime for 24 hours
 - Obtain immediate assistance as per your clinic’s contact instructions if:
 - Signs of hemorrhagic cystitis
 - Unable to drink recommended amount of fluid
- predniSONE is an anti-lymphoma agent in this treatment regimen. Remind patient to take predniSONE at home
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

- Intravenous etoposide may be substituted for oral etoposide on Cycle 1, Days 2 and 3 and Cycle 2, Days 2 and 3. Oral etoposide dose is 100 mg/m^2 ; available as a 50 mg capsule
- Administering nurse must document any infusion related-reactions with any dose of oBINutuzumab
- For Cycle 1, Days 1 and 2, oBINutuzumab administration is 6 to 8 hours on average. Treatment should be booked at earliest morning appointment
- Administration site restrictions are in place for oBINutuzumab. Cycle 1, Days 1 and 2 must be administered at CCMB MacCharles or Tache in Winnipeg