

Regimen Reference Order – LYMP – oBINutuzumab + GDP

ARIA: LYMP – [oBINutuzumab + GDP]

Planned Course: Every 21 days for 6 cycles

Indication for Use: Non-Hodgkin Lymphoma

CVAD: At Provider's Discretion

Proceed with treatment if:

Day 1

ANC equal to or greater than $1 \times 10^9/L$ AND Platelets equal to or greater than $50 \times 10^9/L$

❖ Contact Hematologist 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 – LYMP – oBINutuzumab + GDP

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 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	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 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>
normal saline	750 mL	IV over 90 minutes (Pre hydration)
aprepitant	125 mg	Orally 60 minutes pre- chemotherapy
ondansetron	16 mg	Orally 30 minutes pre- chemotherapy
gemcitabine	1000 mg/m ²	IV in normal saline 250 mL over 30 minutes
CISplatin	75 mg/m ²	IV in normal saline 500 mL over 1 hour Mixed with mannitol
mannitol	12.5 g	IV in normal saline 500 mL over 1 hour Mixed with CISplatin
normal saline	1000 mL	IV over 2 hours (Post hydration)
Days 3 and 4		
dexamethasone	40 mg	Orally once daily (Self-administered at home)
Day 8		
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>
metoclopramide	20 mg	Orally 30 minutes pre-chemotherapy
gemcitabine	1000 mg/m ²	IV in normal saline 250 mL over 30 minutes
Day 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	40 mg	IV in normal saline 50 mL over 15 minutes
		<i>* Alert: dexamethasone is an anti-lymphoma agent and can be given 30 minutes pre-treatment</i>
		OR
		<i>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 $25 \times 10^9/L$, give 1 hour prior to 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 <i>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>
normal saline	750 mL	IV over 90 minutes (Pre hydration)
aprepitant	125 mg	Orally 60 minutes pre-chemotherapy
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
gemcitabine	1000 mg/m ²	IV in normal saline 250 mL over 30 minutes
CISplatin	75 mg/m ²	IV in normal saline 500 mL over 1 hour Mixed with mannitol
mannitol	12.5 g	IV in normal saline 500 mL over 1 hour Mixed with CISplatin
normal saline	1000 mL	IV over 2 hours (Post hydration)
Days 2, 3 and 4		
dexamethasone	40 mg	Orally once daily (Self-administered at home)
Day 8		
metoclopramide	20 mg	Orally 30 minutes pre-chemotherapy
gemcitabine	1000 mg/m ²	IV in normal saline 250 mL over 30 minutes

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
aprepitant	80 mg	Orally once daily on Days 3 and 4 of cycle 1 and Days 2 and 3 of cycles 2 to 6
ondansetron	8 mg	Orally every 12 hours for 3 doses starting the evening of chemotherapy and then every 12 hours as needed thereafter
metoclopramide	10-20 mg	Orally every 4 - 6 hours as needed for nausea and vomiting

DISCHARGE INSTRUCTIONS

- Instruct patient to continue taking anti-emetic(s) at home
- dexamethasone is an anti-lymphoma agent in this treatment regimen. Remind patient to take dexamethasone at home
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

- CISplatin is ototoxic and nephrotoxic
- CISplatin can cause hypomagnesemia
- 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 ONLY