

## Regimen Reference Order – LYMP – oBINutuzumab + CHOP

ARIA: LYMP – [oBINutuzumab + CHOP]

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:**

**ANC equal to or greater than  $0.8 \times 10^9/L$  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
Instruct patient to start vigorous oral pre-hydration (600-900 mL) the morning of cyclophosphamide treatment <b>(Self-administered at home)</b>		
allopurinol	300 mg	Orally once daily for 10 days to begin 3 days prior to Cycle 1 <b>(Self-administered at home)</b> Only patients at risk of tumor lysis syndrome will be prescribed allopurinol <i>Note: allopurinol should not be prescribed beyond 10 days unless under the direction of the hematologist. See Additional Information</i>

### Treatment Regimen – LYMP – oBINutuzumab + CHOP

Establish primary solution 500 mL of: normal saline		
Drug	Dose	CCMB Administration Guideline
<b>Cycle 1</b>		
<b>Day 1</b>		
predniSONE	100 mg	Orally once in the morning with food <b>(Self-administered at home)</b>
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 <b>1 hour</b> prior to oBINutuzumab <i>*Nursing Alert: oBINutuzumab starts 1 hour after completion of dexamethasone infusion</i>
<b>Wait for 1 hour after completion of IV pre-medication(s) before starting oBINutuzumab</b>		

oBINutuzumab	100 mg	IV in normal saline 100 mL following administration rates below: <ul style="list-style-type: none"> <li>0 to 60 minutes – 6 mL/hour</li> <li>60 to 120 minutes – 12 mL/hour</li> <li>120 minutes onwards – 24 mL/hour</li> </ul> <p><i>* Alert: Pharmacy to ensure final volume in bag = 100 mL (1 mg/mL final concentration)</i></p> <p><i>* Nursing Alert: IV tubing is primed with oBINutuzumab</i></p>
<b>Day 2</b>		
predniSONE	100 mg	Orally once in the morning with food <b>(Self-administered at home)</b>
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 <b>1 hour</b> prior to oBINutuzumab <i>* Nursing Alert: oBINutuzumab starts 1 hour after completion of dexamethasone infusion</i>
<b>Wait for 1 hour after completion of IV pre-medication(s) before starting oBINutuzumab</b>		
oBINutuzumab	900 mg	IV in normal saline 250 mL following administration rates below: <ul style="list-style-type: none"> <li>0 to 30 minutes – 14 mL/hour</li> <li>30 to 60 minutes – 28 mL/hour</li> <li>60 to 90 minutes – 42 mL/hour</li> <li>90 to 120 minutes – 56 mL/hour</li> <li>120 to 150 minutes – 69 mL/hour</li> <li>150 to 180 minutes – 83 mL/hour</li> <li>180 to 210 minutes – 97 mL/hour</li> <li>210 to 240 minutes – 111 mL/hour</li> </ul> <p><i>* Alert: Pharmacy to ensure final volume in bag = 250 mL (3.6 mg/mL final concentration)</i></p> <p><i>* Nursing Alert: IV tubing is primed with oBINutuzumab</i></p>
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
DOXOrubicin	50 mg/m <sup>2</sup>	IV Push over 10 to 15 minutes
vinCRiStine	1.4 mg/m <sup>2</sup> ; maximum dose 2 mg	IV in normal saline 25 mL over 2 to 3 minutes by gravity infusion
cyclophosphamide	750 mg/m <sup>2</sup>	IV in normal saline 250 mL over 1 hour
<b>Days 3, 4 and 5</b>		
predniSONE	100 mg	Orally once daily in the morning with food <b>(Self-administered at home)</b>
<b>Days 8 and 15</b>		
cetirizine	10 mg	Orally 30 minutes prior to oBINutuzumab

acetaminophen	650 mg	Orally 30 minutes prior to oBINutuzumab
oBINutuzumab	1000 mg	<p><b>Slow Infusion:</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>
<b>Cycles 2 to 6</b>		
<b>Day 1</b>		
predniSONE	100 mg	Orally once in the morning with food <b>(Self-administered at home)</b>
cetirizine	10 mg	Orally 30 minutes prior to oBINutuzumab
acetaminophen	650 mg	Orally 30 minutes prior to oBINutuzumab
oBINutuzumab	1000 mg	<p><b>Rapid Infusion:</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>		
oBINutuzumab	1000 mg	<p><b>Slow Infusion:</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>
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy
DOXOrubicin	50 mg/m <sup>2</sup>	IV Push over 10 to 15 minutes
vinCRISTine	1.4 mg/m <sup>2</sup> ; maximum dose 2 mg	IV in normal saline 25 mL over 2 to 3 minutes by gravity infusion
cyclophosphamide	750 mg/m <sup>2</sup>	IV in normal saline 250 mL over 1 hour

Days 2, 3, 4 and 5		
predniSONE	100 mg	Orally once daily in the morning with food (Self-administered at home)

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

## REQUIRED MONITORING

### Cardiac Monitoring

- Left Ventricular Ejection Fraction (LVEF) monitoring is recommended at baseline and as clinically indicated

### 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<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
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) 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 after each dose of cyclophosphamide
  - Obtain immediate assistance as per your clinic's contact instructions if:
    - Symptoms of hemorrhagic cystitis (e.g. dysuria, hematuria)
    - Unable to drink recommended amount of fluid
- predniSONE is a cancer therapy 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

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## ADDITIONAL INFORMATION

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- Cumulative DOXOrubicin dose should be calculated and should not exceed 450 mg/m<sup>2</sup>
- 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 x 10<sup>9</sup>/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**
- For Cycle 1, Days 1 and 2, oBINutuzumab administration is 6 to 8 hours on average. Treatment should be booked for earliest morning appointment