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 x 10^9/L AND Platelets equal to or greater than 50 x 10^9/L***
- ***Creatinine clearance greater than 45 mL/minute***

Day 8

- ***Blood work not required to proceed with treatment***
  - ❖ **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 **(Self-administered at home)** *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 **Nursing Alert: oBINutuzumab starts **1 hour after completion** of dexamethasone infusion*
diphenhydrAMINE	50 mg	IV in normal saline 50 mL over 15 minutes **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: • 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*
Day 2		
dexamethasone	40 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*
diphenhydrAMINE	50 mg	IV in normal saline 50 mL over 15 minutes **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: • 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*
magnesium sulfate	2 g	IV in normal saline 1000 mL over 2 hours (Pre hydration)
aprepitant	125 mg	Orally 1 hour 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 *Alert: CISplatin infusion must be complete prior to mannitol administration*
mannitol	12.5 g	IV in normal saline 1000 mL over 2 hours (Post hydration)
Days 3 and 4		
dexamethasone	40 mg	Orally once daily in the morning with food **(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 x 10^9/L* 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
diphenhydrAMINE	50 mg	**ONLY** *to be given if patient experienced an 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	**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*
dexamethasone	8 mg	Orally 30 minutes pre-chemotherapy **Nursing Alert: Not to be given if patient already received dexamethasone 20 mg prior to oBINutuzumab*
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 x 10^9/L* 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*
diphenhydrAMINE	50 mg	**ONLY** *to be given if patient experienced an 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	**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		
dexamethasone	40 mg	IV in normal saline 50 mL over 15 minutes **Alert: dexamethasone is a cancer therapy and can be given 30 minutes prior to oBINutuzumab* **OR** *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 is greater than 25 x 10^9/L, give **1 hour** prior to oBINutuzumab (*Nursing Alert: oBINutuzumab starts **1 hour after completion** of dexamethasone infusion)*
diphenhydrAMINE	50 mg	**ONLY** *to be given if patient experienced an 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	**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*
magnesium sulfate	2 g	IV in normal saline 1000 mL over 2 hours (Pre hydration)
aprepitant	125 mg	Orally 1 hour 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 **Alert: CISplatin infusion must be complete prior to mannitol administration*
mannitol	12.5 g	IV in normal saline 1000 mL over 2 hours (Post hydration)
Days 2, 3 and 4		

dexamethasone	40 mg	Orally once daily in the morning with food **(Self-administered at home)**
Day 8		
dexamethasone	8 mg	Orally 30 minutes pre-chemotherapy
gemcitabine	1000 mg/m^2	IV in normal saline 250 mL over 30 minutes

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

REQUIRED MONITORING

All Cycles

Day 1

- CBC, serum creatinine, urea, electrolytes, liver enzymes, LDH, total bilirubin, uric acid and albumin as per Physician Orders

Day 8 (and Day 15 on Cycle 1)

- No blood work required

Cycle 1, Day 2 and Cycles 2 to 6, Day 1

- Baseline blood pressure prior to magnesium infusion and repeat 15 minutes after start of magnesium infusion (day of CISplatin administration)

Cycle 1, Day 1 Only - oBINutuzumab

- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O_2 saturation)
  - at baseline, then
  - blood pressure and heart rate every 15 minutes for 1 hour, then
  - blood pressure and heart rate every 30 minutes for 1 hour, then
  - blood pressure every hour until infusion complete
- No observation period is required after oBINutuzumab administration. Patient can be discharged from treatment room if stable whether they had a reaction or not

Cycle 1, Day 2 and Onwards

- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O_2 saturation) prior to each dose of oBINutuzumab 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
Cycle 1		
aprepitant	80 mg	Orally once daily on Days 3 and 4
metoclopramide	10 – 20 mg	Orally every 4 hours as needed for nausea and vomiting
Cycles 2 to 6		
aprepitant	80 mg	Orally once daily on Days 2 and 3
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
- dexamethasone is a cancer therapy 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
- 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 10^9/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**
- For Cycle 1, Days 1 and 2, oBINutuzumab administration is 6 to 8 hours on average. Treatment should be booked for earliest morning appointment
- Administration site restrictions are in place for oBINutuzumab. Cycle 1, Days 1 and 2 must be administered at CCMB MacCharles in Winnipeg ONLY