

Regimen Reference Order – LYMP – oBINutuzumab + bendamustine

ARIA: LYMP – [oBINutuzumab + bendamustine]

Planned Course: Every 28 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 $75 \times 10^9/L$**
- ❖ **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 (Self-administered at home) *Only patients at risk of tumor lysis syndrome will be prescribed allopurinol

Treatment Regimen – LYMP – oBINutuzumab + bendamustine

Establish primary solution 500 mL of: normal saline		
Drug	Dose	CCMB Administration Guideline
Cycle 1		
Day 1		
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 1 hour prior to oBINutuzumab <i>*Nursing Alert: oBINutuzumab starts 1 hour after completion of dexamethasone infusion</i>
Wait 1 hour after completion of IV pre-medication(s) before starting 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 onwards – 24 mL/hour <i>*Alert: Pharmacy to ensure final volume in bag = 100 mL (1 mg/mL final concentration)</i> <i>*Nursing Alert: IV tubing is primed with oBINutuzumab</i>

ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
bendamustine	90 mg/m ²	IV in normal saline 500 mL over 1 hour
normal saline	100 mL	IV over 12 minutes
Day 2		
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 1 hour prior to oBINutuzumab <i>*Nursing Alert: oBINutuzumab starts 1 hour after completion of dexamethasone infusion</i>
Wait 1 hour after completion of IV pre-medication(s) before starting 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: IV tubing is primed with oBINutuzumab</i>
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
bendamustine	90 mg/m ²	IV in normal saline 500 mL over 1 hour
normal saline	100 mL	IV over 12 minutes
Days 8 and 15		
cetirizine	10 mg	Orally 30 minutes prior to oBINutuzumab
acetaminophen	650 mg	Orally 30 minutes prior to oBINutuzumab
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>
If applicable, wait 1 hour after completion of IV pre-medication(s) before starting oBINutuzumab		
oBINutuzumab	1000 mg	Slow Infusion: IV in normal saline 250 mL following administration rates below: <ul style="list-style-type: none"> • 0 to 30 minutes – 25 mL/hour

		<ul style="list-style-type: none"> • 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: IV tubing is primed with oBINutuzumab</i></p>
Cycles 2 to 6		
Day 1		
cetirizine	10 mg	Orally 30 minutes prior to oBINutuzumab
acetaminophen	650 mg	Orally 30 minutes prior to oBINutuzumab
dexamethasone	12 mg or 20 mg	<p>12 mg IV in normal saline 50 mL over 15 minutes. Can be given 30 minutes pre-treatment</p> <p>OR</p> <p>20 mg 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 with their previous oBINutuzumab infusion or if their lymphocyte count prior to Day 1 of current cycle is greater than $25 \times 10^9/L$ (<i>*Nursing Alert: oBINutuzumab starts 1 hour after completion of dexamethasone infusion</i>)</p>
<p>If dexamethasone 12 mg is given, wait 30 minutes after completion of IV pre-medication(s) before starting oBINutuzumab</p> <p>OR</p> <p>If dexamethasone 20 mg is given, wait 1 hour after completion of IV pre-medication(s) before starting oBINutuzumab</p>		
oBINutuzumab	1000 mg	<p>Rapid Infusion: IV in normal saline 250 mL following administration rates below:</p> <ul style="list-style-type: none"> • 0 to 30 minutes – 25 mL/hour • 30 to 93 minutes – 225 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: IV tubing is primed with oBINutuzumab</i></p>
		<p style="text-align: center;">OR</p> <p>Slow Infusion: IV in normal saline 250 mL following administration rates below:</p> <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: IV tubing is primed with oBINutuzumab</i></p>
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
bendamustine	90 mg/m ²	IV in normal saline 500 mL over 1 hour
normal saline	100 mL	IV over 12 minutes

Day 2		
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy
bendamustine	90 mg/m ²	IV in normal saline 500 mL over 1 hour
normal saline	100 mL	IV over 12 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

Cycle 1

Days 8 and 15

- No blood work required

For oBINutuzumab

- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O₂ 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
dexamethasone	8 mg	Orally once daily on Days 3 and 4
metoclopramide	10 – 20 mg	Orally every 4 hours as needed for nausea and vomiting
valACYclovir	500 mg	Orally once daily (at physician's discretion)

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
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

- 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 10⁹/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**
- valACYclovir may be prescribed for herpes zoster (shingles) prophylaxis
- Herpes zoster prophylaxis should be considered in patients with:
 - A history of shingles or recurrent cold sores
 - Treatment with bendamustine in the relapsed setting
- 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 or Tache in Winnipeg