

## 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:

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<br><b>(Self-administered at home)</b><br>Only patients at risk of tumor lysis syndrome will be prescribed allopurinol<br><u>Note:</u> allopurinol should not be prescribed beyond 10 days unless under the direction of the hematologist. See <i>Additional Information</i> |

### Treatment Regimen – LYMP – oBINutuzumab + bendamustine

Establish primary solution 500 mL of: normal saline

| Drug  | Dose   | CCMB Administration Guideline   |
|---|--------|---|
| <b>Cycle 1</b>  |        |   |
| <b>Day 1</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<br><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"> <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>   |
| ondansetron  | 16 mg                | Orally 30 minutes pre-chemotherapy   |
| bendamustine   | 90 mg/m <sup>2</sup> | IV in normal saline 500 mL over 1 hour   |
| normal saline  | 100 mL               | IV over 12 minutes   |
| <b>Day 2</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<br><i>*Nursing Alert: oBINutuzumab starts 1 hour after completion of dexamethasone infusion</i>  |
| <b>Wait 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   |
| bendamustine   | 90 mg/m <sup>2</sup> | IV in normal saline 500 mL over 1 hour   |
| normal saline  | 100 mL               | IV over 12 minutes   |
| <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>         |                      |  |
| 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   |
| bendamustine         | 90 mg/m <sup>2</sup> | IV in normal saline 500 mL over 1 hour   |
| normal saline        | 100 mL               | IV over 12 minutes   |
| <b>Day 2</b>         |                      |  |
| ondansetron          | 16 mg                | Orally 30 minutes pre-chemotherapy   |
| dexamethasone        | 12 mg                | Orally 30 minutes pre-chemotherapy   |
| bendamustine         | 90 mg/m <sup>2</sup> | 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

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                          |
|----------------|------------|--|
| dexamethasone  | 8 mg       | Orally once daily on Days 3 and 4                      |
| valACYclovir   | 500 mg     | Orally once daily (at physician’s discretion)          |
| 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
- 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  $5 \times 10^9/L$
- 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
- **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