ADULT Updated: January 24, 2024

Regimen Reference Order – LYMP – oBINutuzumab + fludarabine

ARIA: LYMP - [oBINutuzumab + fludarabine]

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 $100 \times 10^9/L$
- Creatinine clearance greater than 30 mL/minute
 - 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 (Self-administered at home)		
		Only patients at risk of tumor lysis syndrome will be prescribed allopurinol		
		Note: allopurinol should not be prescribed beyond 10 days unless under the direction of the hematologist. See <i>Additional Information</i>		

Establish primary solu	tion 500 mL of: norm	nal 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
		*Nursing Alert: oBINutuzumab starts 1 hour after completion of dexamethasone infusion

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
fludarabine	40 mg/m ² (rounded to nearest 10 mg)	Orally once with or without food Swallow whole (Self-administered at home)
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 <u>1 hour</u> prior to oBINutuzumab
		*Nursing Alert: oBINutuzumab starts 1 hour after completion of dexamethasone infusion
Wait 1 hour after com	pletion of IV pre-medic	cation(s) before starting 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
fludarabine	40 mg/m ² (rounded to nearest 10 mg)	Orally once with or without food Swallow whole (Self-administered at home)
Days 3, 4 and 5		
fludarabine	40 mg/m ² (rounded to nearest 10 mg)	Orally once daily with or without food Swallow whole (Self-administered at home)
Days 8 and 15		
cetirizine	10 mg	Orally 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		
cetirizine	10 mg	Orally 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
fludarabine	40 mg/m ²	Orally once with or without food
	(rounded to	Swallow whole
	nearest 10 mg)	(Self-administered at home)
Days 2, 3, 4 and 5		
fludarabine	40 mg/m ²	Orally once daily with or without food
	(rounded to	Swallow whole
	nearest 10 mg)	(Self-administered at home)
fludarabine (FLUDARA	• @\! - - -	

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

Davs 8 and 15

No blood work required

oBINutuzumab monitoring

- 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		
valACYclovir	500 mg	Orally once daily		
sulfamethoxazole- trimethoprim	800/160 mg	Orally twice daily on Saturdays and Sundays only		
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) and support medications at home
- Treatment room nurse to provide oral fludarabine on Day 1 of each cycle. fludarabine is a cancer therapy in this treatment regimen. Remind patient to take fludarabine 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 $5 \times 10^9/L$
- 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
- Patients on fludarabine should receive irradiated blood products
- valACYclovir (shingles prophylaxis) and sulfamethoxazole-trimethoprim (*Pneumocystis jirovecii* pneumonia prophylaxis) continue while on treatment and for 6 months after discontinuation of treatment due to risk of prolonged immunosuppression
- For Cycle 1, Days 1 and 2, oBINutuzumab administration is 6 to 8 hours on average. Treatment should be booked for earliest morning appointment
- Oral fludarabine is dispensed by the pharmacy site that prepares the oBINutuzumab

