

## 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:

#### Day 1

- 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 and at provider's discretion for subsequent cycles <b>(Self-administered at home)</b> *Only patients at risk of tumor lysis syndrome will be prescribed allopurinol

### Treatment Regimen – LYMP – oBINutuzumab + fludarabine

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
<b>Cycle 1</b>		
<b>Day 1</b>		
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>
diphenhydrAMINE	50 mg	IV in normal saline 50 mL over 15 minutes <b>30 minutes</b> 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: <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> <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>
fludarabine	40 mg/m <sup>2</sup> (rounded to nearest 10 mg)	Orally once with or without food Swallow whole <b>(Self-administered at home)</b>
<b>Day 2</b>		
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>
diphenhydrAMINE	50 mg	IV in normal saline 50 mL over 15 minutes <b>30 minutes</b> 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: <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> <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>
fludarabine	40 mg/m <sup>2</sup> (rounded to nearest 10 mg)	Orally once with or without food Swallow whole <b>(Self-administered at home)</b>
<b>Days 3, 4 and 5</b>		
fludarabine	40 mg/m <sup>2</sup> (rounded to nearest 10 mg)	Orally once daily with or without food Swallow whole <b>(Self-administered at home)</b>
<b>Days 8 and 15</b>		
dexamethasone	20 mg	<b>ONLY</b> 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 <b>1 hour</b> prior to oBINutuzumab <i>*Nursing Alert: oBINutuzumab starts 1 hour after completion of dexamethasone infusion</i>
diphenhydrAMINE	50 mg	<b>ONLY</b> to be given if patient experienced an infusion-related reaction with previous oBINutuzumab infusion IV in normal saline 50 mL over 15 minutes <b>30 minutes</b> 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>		
dexamethasone	20 mg	<p><b>ONLY</b> 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 is greater than <math>25 \times 10^9/L</math></p> <p>IV in normal saline 50 mL over 15 minutes <b>1 hour</b> prior to oBINutuzumab</p> <p><i>*Nursing Alert: oBINutuzumab starts 1 hour after completion of dexamethasone infusion</i></p>
acetaminophen	650 mg	Orally 30 minutes prior to oBINutuzumab
loratadine	10 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>
fludarabine	40 mg/m <sup>2</sup> (rounded to nearest 10 mg)	Orally once with or without food Swallow whole <b>(Self-administered at home)</b>
<b>Days 2, 3, 4 and 5</b>		
fludarabine	40 mg/m <sup>2</sup>	Orally once daily with or without food

	(rounded to nearest 10 mg)	Swallow whole (Self-administered at home)
fludarabine (Fludara®) available dosage strength: 10 mg tablets Classification: Cytotoxic, Hazardous		

Flush after each medication:

- 50 mL over 6 minutes (500 mL/hr)

**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

Cycle 1, Day 1 Only - oBINutuzumab

- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O<sub>2</sub> 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<sub>2</sub> 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
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

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## DISCHARGE INSTRUCTIONS

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- 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

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## ADDITIONAL INFORMATION

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- 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
- Administration site restrictions are in place for oBINutuzumab. Cycle 1, Days 1 and 2 must be administered at CCMB MacCharles or Tache in Winnipeg
- Oral fludarabine is dispensed by the pharmacy site that prepares the oBINutuzumab