

Regimen Reference Order – LYMP – oBINutuzumab maintenance

Planned Course: Every 8 weeks for 12 doses (2 years)

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
None Required		

Treatment Regimen – LYMP – oBINutuzumab maintenance

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
dexamethasone	20 mg	<p>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 is greater than $25 \times 10^9/L$</p> <p>IV in normal saline 50 mL over 15 minutes 1 hour 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
cetirizine	10 mg	Orally 30 minutes prior to oBINutuzumab
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>
		OR
		<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

- | | | |
|--|--|--|
| | | <ul style="list-style-type: none"> • 90 minutes onwards – 100 mL/hour • <i>*Alert: Pharmacy to ensure final volume in bag = 250 mL (4 mg/mL final concentration)</i> • <i>*Nursing Alert: IV tubing is primed with oBINutuzumab</i> |
|--|--|--|

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

REQUIRED MONITORING

All Cycles

- CBC as per Physician Orders
- 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
		None Required

DISCHARGE INSTRUCTIONS

- Patients should be instructed to contact their cancer team immediately if symptoms of hypersensitivity reactions occur after discharge

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 and that lymphocyte count is less than $5 \times 10^9/L$ prior to administering oBINutuzumab via rapid infusion
- **Note:** 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**