Regimen Reference Order – LYMP – oBINutuzumab + CEOP

ARIA: LYMP – [oBINutuzumab + CEOP]

Planned Course: Every 21 days for 6 cycles
Indication for Use: Non-Hodgkin Lymphoma

CVAD: At Provider's Discretion (VESICANT INVOLVED)

Proceed with treatment if:
ANC equal to or greater than 1 x 10^9/L AND Platelets equal to or greater than 100 x 10^9/L
- **Contact Hematologist if parameters not met**

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Instruct patient to start vigorous oral pre-hydration (600-900 mL) the morning of cyclophosphamide treatment **(Self-administered at home)**		
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 *Additional Information*

Treatment Regimen – LYMP – oBINutuzumab + CEOP

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
Cycle 1		
Day 1		
predniSONE	100 mg	Orally once in the morning with food **(Self-administered at home)**
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*
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: • 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*
Day 2		
predniSONE	100 mg	Orally once in the morning with food (**Self-administered at home**)
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*
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: • 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*
ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
etoposide	50 mg/m^2	IV in normal saline 250 mL over 1 hour *Use non-DEHP bags and non-DEHP administration sets*
vinCRIStine	1.4 mg/m^2; maximum dose 2 mg	IV in normal saline 25 mL over 2 to 3 minutes by gravity infusion
cyclophosphamide	750 mg/m^2	IV in normal saline 250 mL over 1 hour
Days 3 and 4		
predniSONE	100 mg	Orally once daily in the morning with food (**Self-administered at home**)

etoposide	100 mg/m^2 (to nearest 50 mg)	Orally once daily in the morning on an empty stomach Swallow whole **Alert: Doses greater than 200 mg should be split into twice daily dosing. See etoposide Dosing Table on page 6* **(Self-administered at home)**
Day 5		
predniSONE	100 mg	Orally once in the morning with food (**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		
predniSONE	100 mg	Orally once in the morning with food (**Self-administered at home**)
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*

ondansetron	16 mg	Orally 30 minutes pre-chemotherapy
dexamethasone	12 mg	Orally 30 minutes pre-chemotherapy
etoposide	50 mg/m^2	IV in normal saline 250 mL over 1 hour *Use non-DEHP bags and non-DEHP administration sets*
vinCRIStine	1.4 mg/m^2; maximum dose 2 mg	IV in normal saline 25 mL over 2 to 3 minutes by gravity infusion
cyclophosphamide	750 mg/m^2	IV in normal saline 250 mL over 1 hour
Days 2 and 3		
predniSONE	100 mg	Orally once daily in the morning with food (**Self-administered at home**)
etoposide	100 mg/m^2 (to nearest 50 mg)	Orally once daily in the morning on an empty stomach Swallow whole **Alert: Doses greater than 200 mg should be split into twice daily dosing. See etoposide dosing Table on page 6* **(Self-administered at home)**
Days 4 and 5		
predniSONE	100 mg	Orally once daily in the morning with food (**Self-administered at home**)

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_2 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
metoclopramide	10 – 20 mg	Orally every 4 hours as needed for nausea and vomiting

DISCHARGE INSTRUCTIONS

- Instruct patient to:
  - Continue taking anti-emetic(s) at home
  - Maintain oral intake of 2000 mL (8 glasses) of fluid daily at home
  - Empty bladder every 2 hours while awake and at bedtime for 24 hours after each dose of cyclophosphamide
  - Obtain immediate assistance as per your clinic's contact instructions if:
    - Symptoms of hemorrhagic cystitis (e.g. dysuria, hematuria)
    - Unable to drink recommended amount of fluid
- Patients should be instructed to contact their cancer team immediately if symptoms of hypersensitivity reactions occur after discharge
- Nurse will provide oral etoposide to the patient on Day 2 for Cycle 1 and on Day 1 for Cycles 2 to 6. Remind patient to take etoposide at home
- Patients should notify clinic prior to starting any new medication. etoposide has potential for drug-drug interactions
- Avoid grapefruit and grapefruit juice, Seville oranges (i.e. orange marmalade) and starfruit
- predniSONE is a cancer therapy in this treatment regimen. Remind patient to take predniSONE 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 5×10^9/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**
- For Cycle 1, Days 1 and 2, oBINutuzumab administration is 6 to 8 hours on average. Treatment should be booked for earliest morning appointment
- For patients who do not tolerate oral etoposide, it may be substituted with intravenous etoposide at the physician's discretion. Intravenous etoposide dose would be 50 mg/m^2 on Days 3 and 4 for Cycle 1, and on Days 2 and 3 for Cycles 2 to 6 for this regimen
- Oral etoposide is dispensed by CCMB Pharmacy to nursing (treatment room) on Day 2 for Cycle 1 and on Day 1 for Cycles 2 to 6. CCMB Pharmacy will ship oral etoposide to CCP Pharmacy for patients being treated at a CCP
- CCMB Pharmacist is authorized to auto-substitute oral etoposide doses greater than 200 mg to twice daily dosing according to the table below

etoposide Dosing Table

Oral etoposide dose	Automatic substitution
250 mg orally once daily	150 mg in the morning and 100 mg in the evening
300 mg orally once daily	150 mg in the morning and 150 mg in the evening
350 mg orally once daily	200 mg in the morning and 150 mg in the evening
400 mg orally once daily	200 mg in the morning and 200 mg in the evening