

<b>DOCTOR'S ORDERS</b>			Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>					
<b>DATE:</b>	<b>To be given:</b>	<b>Cycle #:</b>			
Date of Previous Cycle: _____					
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> <b>CBC &amp; Diff</b> Day 1 of treatment Day 1: may proceed with doses as written, if within 96 hours: <b>ANC greater than or equal to 0.8 x 10<sup>9</sup>/L and platelets greater than or equal to 80 x 10<sup>9</sup>/L</b> Proceed with treatment based on blood work from _____					
<b>PREMEDICATIONS:</b> Patient to take own supply of oral medications. RN/Pharmacist to confirm _____. <b>Cycle 1 Day 1</b> 30 to 60 minutes prior to bendamustine: <b>ondansetron 8 mg PO</b> 30 minutes prior to bendamustine: <b>dexamethasone 20 mg IV</b> 30 minutes prior to oBINutuzumab (give during bendamustine infusion): <b>acetaminophen 650 to 975 mg PO and diphenhydrAMINE 50 mg PO</b> <b>Cycle 1 Day 2</b> 30 to 60 minutes prior to bendamustine: <b>ondansetron 8 mg PO and dexamethasone</b> <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg PO (select one) <b>Cycle 1 Days 8 and 15</b> <input type="checkbox"/> 60 minutes prior to oBINutuzumab, if reaction to previous oBINutuzumab was Grade 3, or if lymphocyte count greater than 25 x 10 <sup>9</sup> /L before <b>Cycle 1 Day 1: dexamethasone 20 mg IV</b> 30 minutes prior to oBINutuzumab: <b>acetaminophen 650 to 975 mg PO and diphenhydrAMINE 50 mg PO</b> <b>Cycles 2 to 6 Day 1</b> 30 to 60 minutes prior to bendamustine: <b>ondansetron 8 mg PO and dexamethasone</b> <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg PO (select one) If dexamethasone IV has been given for the oBINutuzumab premedication, then omit dexamethasone PO. <input type="checkbox"/> 30 minutes prior to bendamustine, if reaction to previous oBINutuzumab was Grade 3, or if lymphocyte count greater than 25 x 10 <sup>9</sup> /L before <b>Day 1 of current cycle: dexamethasone 20 mg IV</b> 30 minutes prior to oBINutuzumab (give during bendamustine infusion): <b>acetaminophen 650 to 975 mg PO and diphenhydrAMINE 50 mg PO</b> <b>Cycles 2 to 6 Day 2</b> 30 to 60 minutes prior to bendamustine: <b>ondansetron 8 mg PO and dexamethasone</b> <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg PO (select one) <b>Cycles 7 to 18:</b> <input type="checkbox"/> 60 minutes prior to oBINutuzumab, if reaction to previous oBINutuzumab was Grade 3, or if lymphocyte count greater than 25 x 10 <sup>9</sup> /L before <b>Day 1 of current cycle: dexamethasone 20 mg IV</b> 30 minutes prior to oBINutuzumab: <b>acetaminophen 650 to 975 mg PO and diphenhydrAMINE 50 mg PO</b> <input type="checkbox"/> <b>Other:</b> _____					
<b>DOCTOR'S SIGNATURE:</b>					<b>SIGNATURE:</b>
					<b>UC:</b>

**PROTOCOL CODE: LYBENDO** Page 2 of 2

<b>Date:</b>	
<b>** Have Hypersensitivity Reaction Tray and Protocol Available**</b>	
<p><b>TREATMENT:</b></p> <p><b>INDUCTION PHASE: Cycle 1 to 6</b></p> <p><input type="checkbox"/> <b>Cycle 1:</b></p> <p><b>Days 1 and 2:</b></p> <p style="margin-left: 20px;">bendamustine 90 mg/m<sup>2</sup> x BSA = _____ mg IV in 250 to 500 mL NS over 1 hour on <b>Days 1 and 2.</b></p> <p style="margin-left: 20px;">oBINutuzumab 1000 mg IV in 250 mL NS on <b>Day 1 only.</b></p> <p style="margin-left: 20px;">Start infusion at <b>50 mg/h</b>; after 30 minutes, increase by 50 mg/h every 30 minutes until rate = 400 mg/h unless toxicity occurs. Refer to protocol appendix for oBINutuzumab infusion rate titration table.</p> <p style="margin-left: 20px;">For first dose, constant visual observation during dose increases and for 30 minutes after infusion completed. Vital signs not required unless symptomatic.</p> <p style="margin-left: 20px;">If flushing, dyspnea, rigors, rash, pruritus, vomiting, chest pain, any other new acute discomfort or exacerbation of any existing symptoms occur, stop infusion and page physician.</p> <p><b>Days 8 and 15:</b></p> <p style="margin-left: 20px;">oBINutuzumab 1000 mg IV in 250 mL NS on <b>Days 8 and 15.</b></p> <p style="margin-left: 20px;">If no infusion reaction or only Grade 1 infusion reaction in the previous infusion and final infusion rate 100 mg/h or faster: Start infusion at <b>100 mg/h</b> for 30 minutes; if tolerated, may escalate rate in increments of 100 mg/h every 30 minutes until rate = 400 mg/h. Refer to protocol appendix for oBINutuzumab infusion rate titration table.</p> <p><input type="checkbox"/> <b>Cycles 2 to 6:</b></p> <p style="margin-left: 20px;">bendamustine 90 mg/m<sup>2</sup> x BSA = _____ mg on <b>Days 1 and 2.</b></p> <p style="margin-left: 20px;">IV in 250 to 500 mL NS over 1 hour</p> <p style="margin-left: 20px;">oBINutuzumab 1000 mg IV in 250 mL NS on <b>Day 1 only.</b></p> <p style="margin-left: 20px;">If no infusion reaction or only Grade 1 infusion reaction in the previous infusion and final infusion rate 100 mg/h or faster: Start at <b>100 mg/h</b>. Increase by 100 mg/h every 30 minutes until rate = 400 mg/h unless toxicity occurs. Refer to protocol appendix for oBINutuzumab infusion rate titration table.</p>	
<p><b>MAINTENANCE PHASE</b></p> <p><input type="checkbox"/> <b>Cycle 7 to 18:</b></p> <p style="margin-left: 20px;">oBINutuzumab 1000 mg IV in 250 mL NS on <b>Day 1.</b></p> <p style="margin-left: 20px;">If no infusion reaction or only Grade 1 infusion reaction only in the previous infusion and final infusion rate 100 mg/h or faster: Start at <b>100 mg/h</b>. Increase by 100 mg/h every 30 minutes until rate = 400 mg/h unless toxicity occurs. Refer to protocol appendix for oBINutuzumab infusion rate titration table.</p>	
<b>RETURN APPOINTMENT ORDERS</b>	
<p><input type="checkbox"/> Cycle 1: Return in <b>four</b> weeks for Doctor and Cycle _____. Book <b>treatment</b> on <b>Days 1, 2, 8 and 15.</b></p> <p><input type="checkbox"/> Cycle 2 to 6: Return in <b>four</b> weeks for Doctor and Cycle _____. Book <b>treatment</b> on <b>Days 1 and 2.</b></p> <p><input type="checkbox"/> Cycle 7 to 18: Return in <b>two</b> months (calculate in months, not weeks) for Doctor and Cycle _____. Book <b>treatment</b> <b>Day 1.</b></p> <p><input type="checkbox"/> Last Cycle. Return in _____ week(s).</p>	
<p><b>CBC &amp; Diff</b> prior to Day 1 of each cycle</p> <p>If clinically indicated:</p> <p><input type="checkbox"/> creatinine   <input type="checkbox"/> ALT   <input type="checkbox"/> total bilirubin   <input type="checkbox"/> HBV viral load</p> <p><input type="checkbox"/> Other tests:</p> <p><input type="checkbox"/> Consults:</p> <p><input type="checkbox"/> See general orders sheet for additional requests.</p>	
<b>DOCTOR'S SIGNATURE:</b>	<p><b>SIGNATURE:</b></p> <p><b>UC:</b></p>