

PROTOCOL CODE: LYVENOB (Cycle 1)

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DOCTOR'S ORDERS	Wt _____ kg
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form	
DATE:	Cycle # 1
<input type="checkbox"/> Low-medium TLS Risk- Days 1, 8, 15 chemo must be given on a Thursday <input type="checkbox"/> High TLS Risk – chemo not restricted to a Thursday and consider inpatient admission	
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff, Platelets day of treatment	
Day 1: May proceed with doses as written if within 72 hours ANC <u>greater than or equal to</u> 1.0 x 10⁹/L, Platelets <u>greater than or equal to</u> 25 x 10⁹/L, bilirubin <u>less than or equal to</u> 3 x ULN	
Day 2: May proceed with doses as written if within 24 hours ANC <u>greater than or equal to</u> 1.0 x 10⁹/L, Platelets <u>greater than or equal to</u> 25 x 10⁹/L, chemistry normal	
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____ Proceed with treatment based on blood work from _____	
Tumor Lysis Prophylaxis: Patient to take own supply. RN/Pharmacist to confirm _____ allopurinol 300 mg PO daily start at least 72 hours prior to first dose of oBINutuzumab Advise patient to drink 1.5 to 2 L of fluids daily starting 48 hours prior to first dose of oBINutuzumab and continue until Cycle 3 Day 1	
PREMEDICATIONS FOR oBINutuzumab INFUSION: Patient to take own acetaminophen and diphenhydrAMINE supply. RN/Pharmacist to confirm: _____	
<u>Day 1 and Day 2</u> 60 minutes prior to infusion: dexamethasone 20 mg IV in 50 mL NS over 15 minutes 30 minutes prior to infusion: acetaminophen 650 to 975 mg PO diphenhydrAMINE 50 mg PO	
<u>Day 8 and Day 15</u> 30 minutes prior to infusion: acetaminophen 650 mg to 975 mg PO diphenhydrAMINE 50 mg PO	
If previous reaction was grade 3, or if lymphocyte count greater than 25 x 10 ⁹ /L before treatment: 60 minutes prior to infusion: <input type="checkbox"/> dexamethasone 20 mg IV in 50 mL NS over 15 minutes	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC:

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Date:	
Have Hypersensitivity Reaction Tray and Protocol Available	
<p>Day 1</p> <p>oBINutuzumab 100 mg IV in 100 mL NS. Administer over 4 hours at 25 mg/h. Refer to protocol appendix for oBINutuzumab infusion rate titration table</p> <p>Day 2</p> <p>oBINutuzumab 900 mg IV in 250 mL NS. Start at 50 mg/h. 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>Day 8 and Day 15</p> <p>oBINutuzumab 1000 mg IV in 250 mL NS. Start at 100 mg/h. 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>Vital signs prior to start of infusion and at every increment of infusion rate and as clinically indicated post infusion. For cycle 1 day 1, vital signs prior to start of infusion, at hour 2 and then post infusion.</p> <p>Refer to protocol for resuming infusion following a reaction. 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>	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in three weeks or ____ weeks for Doctor and Cycle 2.	
<p>Note: Chemo dates for Cycle 1 Days 1, 8 and 15, and Cycle 2 Day 8 must be on a Thursday for Low-Medium TLS risk patients- refer to page 1 for TLS risk category</p> <p>For Cycle 1, book chemo on Day 1, Day 2, Day 8 and Day 15 For Cycle 2, book chemo on Day 8 (i.e. 4 weeks from Cycle 1 Day 1)</p>	
<p>Prior to Cycle 1 Day 2: CBC & differential, potassium, calcium, phosphate, uric acid, creatinine, albumin</p> <p>Prior to Cycle 2: CBC & differential, potassium, calcium, phosphate, uric acid, creatinine, bilirubin, ALT, LDH, albumin</p> <p><input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.</p>	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC:



Provincial Health Services Authority

Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BC Cancer treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care

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Fill prescription at a community pharmacy

DATE:

allopurinol 300 mg PO daily. Start at least 72 hours prior to first dose of oBINutuzumab.

Start date: _____ (Monday)

Mitte: _____ weeks (minimum 8 weeks) Refill x _____

Reminder to patient: Drink 1.5 to 2 litres of fluid (8 glasses) every day for the first 8 weeks, starting 2 days before oBINutuzumab infusion

DOCTOR'S SIGNATURE: _____

Printed name: _____

License number: _____