

**PROTOCOL CODE: LYVENOB (Cycle 1)**

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<b>DOCTOR'S ORDERS</b>		Wt _____ kg
<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 # 1</b>
<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"/> <b>CBC &amp; Diff</b> day of treatment Day 1: May proceed with doses as written if within 72 hours <b>ANC greater than or equal to <math>1.0 \times 10^9/L</math>, platelets greater than or equal to <math>25 \times 10^9/L</math>, total bilirubin less than or equal to 3 x ULN</b> Day 2: May proceed with doses as written if within 24 hours <b>ANC greater than or equal to <math>1.0 \times 10^9/L</math>, platelets greater than or equal to <math>25 \times 10^9/L</math>, chemistry normal</b> Dose modification for: <input type="checkbox"/> <b>Hematology</b> <input type="checkbox"/> <b>Other Toxicity</b> _____ <b>Proceed with treatment based on blood work from</b> _____		
<b>Tumor Lysis Prophylaxis:</b> Patient to take own supply. RN/Pharmacist to confirm _____ <b>allopurinol 300 mg PO</b> 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		
<b>PREMEDICATIONS for oBINutuzumab INFUSION:</b> Patient to take supply of oral medications. RN/Pharmacist to confirm _____. If ordered, ensure patient has taken steroid the day(s) prior to infusion. <b>Days 1 and 2:</b> 60 minutes prior to infusion: <b>dexamethasone 20 mg IV</b> 30 minutes prior to infusion: <b>acetaminophen 650 to 975 mg PO and diphenhydramine 50 mg PO</b> <b>Days 8 and 15:</b> <input type="checkbox"/> If reaction to previous oBINutuzumab was Grade 3, or if lymphocyte count greater than $25 \times 10^9/L$ in labs drawn for Day 2 oBINutuzumab, then 60 minutes prior to treatment: <b>dexamethasone 20 mg IV</b> 30 minutes prior to treatment: <b>acetaminophen 650 mg to 975 mg PO and diphenhydramine 50 mg PO</b>		
<b>**Have Hypersensitivity Reaction Tray and Protocol Available**</b>		
<b>TREATMENT:</b> <b>Day 1:</b> <b>oBINutuzumab 100 mg IV</b> in 100 mL NS <b>on Day 1.</b> Administer over 4 hours at <b>25 mg/h</b> . Refer to protocol appendix for oBINutuzumab infusion rate titration table. <b>Day 2:</b> <b>oBINutuzumab 900 mg IV</b> in 250 mL NS <b>on Day 2.</b> Start at <b>50 mg/h; after 30 minutes</b> , 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. <b>Cycle 1 Days 1 and 2: constant visual observation during dose increases and for 30 minutes after infusion completed. Vital signs not required unless symptomatic. Refer to protocol for resuming infusion following a reaction.</b> 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. <b>Days 8 and 15:</b> <b>oBINutuzumab 1000 mg IV</b> in 250 mL NS <b>on Days 8 and 15.</b> If no infusion reaction or only Grade 1 infusion reaction in the previous infusion and final infusion rate was 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.		
<b>DOCTOR'S SIGNATURE:</b>		<b>SIGNATURE:</b>  <b>UC:</b>

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<b>Date:</b>	
<b>RETURN APPOINTMENT ORDERS</b>	
<input type="checkbox"/> Return in <b>three</b> weeks or ____ weeks for Doctor and Cycle 2. <b>Note: Treatment 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-</b> refer to page 1 for TLS risk category For Cycle 1, book <b>treatment</b> on Day 1, Day 2, Day 8 and Day 15 For Cycle 2, book <b>treatment</b> on Day 8 (i.e. 4 weeks from Cycle 1 Day 1)	
Prior to Cycle 1 Day 2: <b>CBC &amp; Diff, potassium, calcium, phosphate, uric acid, creatinine, LDH, albumin</b>  Prior to Cycle 2: <b>CBC &amp; Diff, potassium, calcium, phosphate, uric acid, creatinine, total bilirubin, ALT, LDH, albumin</b>  If clinically indicated: <input type="checkbox"/> <b>HBV viral load</b> <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.	
<b>DOCTOR'S SIGNATURE:</b>	<b>SIGNATURE:</b>  <b>UC:</b>