

# IP INOTUZUMAB OZOGAMICIN CONSOLIDATION

Types: ONCOLOGY TREATMENT

Synonyms: BESPONSA, CONSOLIDATION, BESPONSA CONSOLIDATION

Cycle 1	Repeat 1 time	Cycle length: 28 days
<b>Day 1</b> Perform every 1 day x1		
Labs	<b>CBC WITH PLATELET AND DIFFERENTIAL</b> Interval: Once Occurrences: --	
Labs	<b>COMPREHENSIVE METABOLIC PANEL</b> Interval: Once Occurrences: --	
Labs	<b>MAGNESIUM LEVEL</b> Interval: -- Occurrences: --	
Line Flush	<b>sodium chloride 0.9 % flush 20 mL</b> Dose: 20 mL Route: intravenous PRN Start: S	
Hydration	<b>sodium chloride 0.9 % infusion</b> Dose: 100 mL/hr Route: intravenous continuous Start: S	
Nursing Orders	<b>sodium chloride 0.9 % infusion 250 mL</b> Dose: 250 mL Route: intravenous once @ 30 mL/hr for 1 dose Start: S Instructions: To keep vein open.	
Pre-Medications	<b>acetaminophen (TYLENOL) tablet 650 mg</b> Dose: 650 mg Route: oral once for 1 dose Start: S Instructions: Administer 30 minutes prior to chemotherapy.	
Pre-Medications	<b>diphenhydramine (BENADRYL) tablet 25 mg</b> Dose: 25 mg Route: oral once for 1 dose Start: S Instructions: Administer 30 minutes prior to chemotherapy.	
Pre-Medications	<b>hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg</b> Dose: 100 mg Route: intravenous once for 1 dose  Instructions: Administer via slow IV push 30 minutes prior to chemotherapy.	
Chemotherapy	<b>inotuzumab ozogamicin (BESPONSA) 0.5 mg/m2 in sodium chloride 0.9% 50 mL IVPB (RESTRICTED)</b> Dose: 0.5 mg/m2 Route: intravenous once over 1 Hours for 1 dose Offset: 30 Minutes	

Instructions:

Do not mix with or administer as an infusion with other drugs. If refrigerated, allow admixtures to warm to room temperature for approximately 1 hour prior to administration.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	INOTUZUMAB	Medications	0.5	Main	Yes
	OZOGAMICIN 0.9 MG(0.25 MG/ML INITIAL CONCENTRATION) IV SOLN		mg/m2	Ingredient	
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	50 mL	Yes	Yes

Nursing Orders

**ONC NURSING COMMUNICATION 2**

Interval: Once

Occurrences: --

Comments:

Observe for symptoms of infusion reaction during and for at least 1 hour after the end of the infusion.

Hematology & Oncology Hypersensitivity Reaction Standing Order

**ONC NURSING COMMUNICATION 82**

Interval: Until discontinued

Occurrences: --

Comments:

Grade 1 - MILD Symptoms (cutaneous and subcutaneous symptoms only – itching, flushing, periorbital edema, rash, or runny nose)

1. Stop the infusion.
2. Place the patient on continuous monitoring.
3. Obtain vital signs.
4. Administer Normal Saline at 50 mL per hour using a new bag and new intravenous tubing.
5. If greater than or equal to 30 minutes since the last dose of Diphenhydramine, administer Diphenhydramine 25 mg intravenous once.
6. If less than 30 minutes since the last dose of Diphenhydramine, administer Fexofenadine 180 mg orally and Famotidine 20 mg intravenous once.
7. Notify the treating physician.
8. If no improvement after 15 minutes, advance level of care to Grade 2 (Moderate) or Grade 3 (Severe).
9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.

**ONC NURSING COMMUNICATION 83**

Interval: Until discontinued

Occurrences: --

Comments:

Grade 2 – MODERATE Symptoms (cardiovascular, respiratory, or gastrointestinal symptoms – shortness of breath, wheezing, nausea, vomiting, dizziness, diaphoresis, throat or chest tightness, abdominal or back pain)

1. Stop the infusion.
2. Notify the CERT team and treating physician immediately.
3. Place the patient on continuous monitoring.
4. Obtain vital signs.
5. Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O2 saturation of greater than or equal to 92%.
6. Administer Normal Saline at 150 mL per hour using a new bag and new intravenous tubing.

7. Administer Hydrocortisone 100 mg intravenous (if patient has allergy to Hydrocortisone, please administer Dexamethasone 4 mg intravenous), Fexofenadine 180 mg orally and Famotidine 20 mg intravenous once.
8. If no improvement after 15 minutes, advance level of care to Grade 3 (Severe).
9. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.

**ONC NURSING COMMUNICATION 4**

Interval: Until discontinued

Occurrences: --

Comments:

- Grade 3 – SEVERE Symptoms (hypoxia, hypotension, or neurologic compromise – cyanosis or O2 saturation less than 92%, hypotension with systolic blood pressure less than 90 mmHg, confusion, collapse, loss of consciousness, or incontinence)
1. Stop the infusion.
  2. Notify the CERT team and treating physician immediately.
  3. Place the patient on continuous monitoring.
  4. Obtain vital signs.
  5. If heart rate is less than 50 or greater than 120, or blood pressure is less than 90/50 mmHg, place patient in reclined or flattened position.
  6. Administer Oxygen at 2 L per minute via nasal cannula. Titrate to maintain O2 saturation of greater than or equal to 92%.
  7. Administer Normal Saline at 1000 mL intravenous bolus using a new bag and new intravenous tubing.
  8. Administer Hydrocortisone 100 mg intravenous (if patient has allergy to Hydrocortisone, please administer Dexamethasone 4 mg intravenous) and Famotidine 20 mg intravenous once.
  9. Administer Epinephrine (1:1000) 0.3 mg subcutaneous.
  10. Assess vital signs every 15 minutes until resolution of symptoms or otherwise ordered by covering physician.

**diphenhydrAMINE (BENADRYL) injection 25 mg**

Dose: 25 mg                      Route: intravenous                      PRN  
Start: S

**fexofenadine (ALLEGRA) tablet 180 mg**

Dose: 180 mg                      Route: oral                      PRN  
Start: S

**famotidine (PEPCID) 20 mg/2 mL injection 20 mg**

Dose: 20 mg                      Route: intravenous                      PRN  
Start: S

**hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg**

Dose: 100 mg                      Route: intravenous                      PRN

**dexamethasone (DECADRON) injection 4 mg**

Dose: 4 mg                      Route: intravenous                      PRN  
Start: S

**epINEPHrine (ADRENALIN) 1 mg/10 mL ADULT injection syringe 0.3 mg**

Dose: 0.3 mg                      Route: subcutaneous                      PRN  
Start: S

**Discharge Nursing Orders**

**sodium chloride 0.9 % flush 20 mL**

Dose: 20 mL                      Route: intravenous                      PRN

**HEParin, porcine (PF) injection 500 Units**

Dose: 500 Units      Route: intra-catheter      once PRN  
Start: S  
Instructions:  
Concentration: 100 units/mL. Heparin flush for  
Implanted Vascular Access Device  
maintenance.

**Day 8**

Perform every 1 day x1

Labs

**CBC WITH PLATELET AND DIFFERENTIAL**

Interval: Once      Occurrences: --

**COMPREHENSIVE METABOLIC PANEL**

Interval: Once      Occurrences: --

Labs

**MAGNESIUM LEVEL**

Interval: --      Occurrences: --

Nursing Orders

**sodium chloride 0.9 % infusion 250 mL**

Dose: 250 mL      Route: intravenous      once @ 30 mL/hr for 1 dose

Start: S  
Instructions:  
To keep vein open.

Pre-Medications

**acetaminophen (TYLENOL) tablet 650 mg**

Dose: 650 mg      Route: oral      once for 1 dose

Start: S  
Instructions:  
Administer 30 minutes prior to chemotherapy.

Pre-Medications

**diphenhydrAMINE (BENADRYL) tablet 25 mg**

Dose: 25 mg      Route: oral      once for 1 dose

Start: S  
Instructions:  
Administer 30 minutes prior to chemotherapy.

Pre-Medications

**hydrocortisone sodium succinate  
(Solu-CORTEF) injection 100 mg**

Dose: 100 mg      Route: intravenous      once for 1 dose

Instructions:  
Administer via slow IV push 30 minutes prior to  
chemotherapy.

Chemotherapy

**inotuzumab ozogamicin (BESPONSA) 0.5  
mg/m2 in sodium chloride 0.9% 50 mL IVPB  
(RESTRICTED)**

Dose: 0.5 mg/m2      Route: intravenous      once over 1 Hours for 1 dose  
Offset: 30 Minutes

Instructions:  
Do not mix with or administer as an infusion  
with other drugs. If refrigerated, allow  
admixture to warm to room temperature for  
approximately 1 hour prior to administration.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	INOTUZUMAB	Medications	0.5	Main	Yes
	OZOGAMICIN 0.9 MG(0.25 MG/ML INITIAL		mg/m2	Ingredient	

CONCENTRATION)  
IV SOLN  
SODIUM                      QS Base      50 mL      Yes      Yes  
CHLORIDE 0.9 %  
INTRAVENOUS  
SOLUTION

Nursing Orders

**ONC NURSING COMMUNICATION 2**

Interval: Once

Occurrences: --

Comments:

Observe for symptoms of infusion reaction during and for at least 1 hour after the end of the infusion.

**Day 15**

Perform every 1 day x1

Labs

**CBC WITH PLATELET AND DIFFERENTIAL**

Interval: Once

Occurrences: --

**COMPREHENSIVE METABOLIC PANEL**

Interval: Once

Occurrences: --

Labs

**MAGNESIUM LEVEL**

Interval: --

Occurrences: --

Nursing Orders

**sodium chloride 0.9 % infusion 250 mL**

Dose: 250 mL

Route: intravenous

once @ 30 mL/hr for 1 dose

Start: S

Instructions:

To keep vein open.

Pre-Medications

**acetaminophen (TYLENOL) tablet 650 mg**

Dose: 650 mg

Route: oral

once for 1 dose

Start: S

Instructions:

Administer 30 minutes prior to chemotherapy.

Pre-Medications

**diphenhydrAMINE (BENADRYL) tablet 25 mg**

Dose: 25 mg

Route: oral

once for 1 dose

Start: S

Instructions:

Administer 30 minutes prior to chemotherapy.

Pre-Medications

**hydrocortisone sodium succinate  
(Solu-CORTEF) injection 100 mg**

Dose: 100 mg

Route: intravenous

once for 1 dose

Instructions:

Administer via slow IV push 30 minutes prior to chemotherapy.

Chemotherapy

**inotuzumab ozogamicin (BESPONSA) 0.5  
mg/m2 in sodium chloride 0.9% 50 mL IVPB  
(RESTRICTED)**

Dose: 0.5 mg/m2

Route: intravenous

once over 1 Hours for 1 dose

Offset: 30 Minutes

Instructions:

Do not mix with or administer as an infusion with other drugs. If refrigerated, allow admixtures to warm to room temperature for approximately 1 hour prior to administration.

**Ingredients:**

<b>Name</b>	<b>Type</b>	<b>Dose</b>	<b>Selected</b>	<b>Adds Vol.</b>
INOTUZUMAB	Medications	0.5	Main	Yes
OZOGAMICIN 0.9 MG(0.25 MG/ML INITIAL CONCENTRATION) IV SOLN		mg/m2	Ingredient	
SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	50 mL	Yes	Yes

## Nursing Orders

**ONC NURSING COMMUNICATION 2**

Interval: Once

Occurrences: --

Comments:

Observe for symptoms of infusion reaction during and for at least 1 hour after the end of the infusion.