

## IP OBINUTUZUMAB / CHLORAMBUCIL (CYCLE 1 ONLY)

Types: ONCOLOGY TREATMENT

Synonyms: OBIN, GAYZ, GAZY, LEUKE, CHLORAM, CLL

| Cycle 1   | Repeat 1 time   | Cycle length: 28 days      |
|---|---|----------------------------|
| <b>Day 1</b>  |   | Perform every 1 day x1     |
| <b>Provider Communication</b>   |   |                            |
| <b>ONC PROVIDER COMMUNICATION 5</b>   |   |                            |
| Interval: Once  | Occurrences: --   |                            |
| Comments:   | Use baseline weight to calculate dose. Adjust dose for weight gains/losses of greater than or equal to 10%.   |                            |
| <b>Provider Communication</b>   |   |                            |
| <b>ONC PROVIDER COMMUNICATION 58</b>  |   |                            |
| Interval: Once  | Occurrences: --   |                            |
| Comments:   | Prior to beginning Rituxan infusion, please check if a Hepatitis B and C serology has been performed within the past 6 months. Hepatitis B and C serologies results: Push F2:11554001 drawn on ***. |                            |
| <b>Labs</b>   |   |                            |
| <input checked="" type="checkbox"/> <b>CBC WITH PLATELET AND DIFFERENTIAL</b> |   |                            |
| Interval: Once  | Occurrences: --   |                            |
| <input checked="" type="checkbox"/> <b>COMPREHENSIVE METABOLIC PANEL</b>      |   |                            |
| Interval: Once  | Occurrences: --   |                            |
| <input checked="" type="checkbox"/> <b>MAGNESIUM LEVEL</b>                    |   |                            |
| Interval: Once  | Occurrences: --   |                            |
| <input type="checkbox"/> <b>LDH</b>   |   |                            |
| Interval: Once  | Occurrences: --   |                            |
| <input type="checkbox"/> <b>URIC ACID LEVEL</b>                               |   |                            |
| Interval: Once  | Occurrences: --   |                            |
| <b>Line Flush</b>   |   |                            |
| <b>sodium chloride 0.9 % flush 20 mL</b>                                      |   |                            |
| Dose: 20 mL   | Route: intravenous  | PRN                        |
| Start: S  |   |                            |
| <b>Nursing Orders</b>   |   |                            |
| <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.  |                            |
| <b>Pre-Medications</b>  |   |                            |
| <input checked="" type="radio"/> <b>ondansetron (ZOFRAN) tablet 8 mg</b>      |   |                            |
| Dose: 8 mg  | Route: oral   | once for 1 dose            |
| Start: S  |   |                            |
| Instructions:   | Administer 30 minutes before Chlorambucil.  |                            |
| <input type="radio"/> <b>ondansetron (ZOFRAN) injection 8 mg</b>              |   |                            |

Dose: 8 mg                      Route: intravenous                      once for 1 dose  
 Start: S  
 Instructions:  
     Administer 30 minutes before Chlorambucil.

**Chemotherapy**

**chlorambucil (LEUKERAN) chemo tablet 0.5 mg/kg/day (Treatment Plan)**

Dose: 0.5 mg/kg/day                      Route: oral                      once for 1 dose  
 Start: S

**Pre-Medications**

**acetaminophen (TYLENOL) tablet 650 mg**

Dose: 650 mg                      Route: oral                      once for 1 dose  
 Start: S

Instructions:  
     Give 30 minutes prior to Obinutuzumab.

**diphenhydramine (BENADRYL) tablet 50 mg**

Dose: 50 mg                      Route: oral                      once for 1 dose  
 Start: S

Instructions:  
     Give 30 minutes prior to Obinutuzumab.

**dexamethasone (DECADRON) IV 20 mg**

Dose: 20 mg                      Route: intravenous                      once for 1 dose  
 Start: S

Instructions:  
     Give 30 minutes prior to Obinutuzumab.

**Chemotherapy**

**obinutuzumab (GAZYVA) 100 mg in sodium chloride 0.9 % 250 mL IVPB**

Dose: 100 mg                      Route: intravenous                      once over 4 Hours for 1 dose  
 Start: S                      End: S 6:26 PM

Instructions:  
     Gently invert to mix; do not shake or freeze.  
     Infusion rate:  
     Day 1: Infuse at 25 mg/hour over 4 hours; do not increase the infusion rate

| Ingredients: | Name   | Type        | Dose   | Selected        | Adds Vol. |
|--------------|--|-------------|--------|-----------------|-----------|
|              | OBINUTUZUMAB 1,000 MG/40 ML INTRAVENOUS SOLUTION | Medications | 100 mg | Main Ingredient | Yes       |
|              | SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION       | QS Base     | 246 mL | Yes             | Yes       |

**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  
Start: S

Route: intravenous PRN

**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 2**

Perform every 1 day x1

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:

Give 30 minutes prior to Obinutuzumab.

**diphenhydrAMINE (BENADRYL) tablet 50 mg**

Dose: 50 mg                      Route: oral                      once for 1 dose

Start: S

Instructions:

Give 30 minutes prior to Obinutuzumab.

**dexamethasone (DECADRON) IV 20 mg**

Dose: 20 mg                      Route: intravenous                      once for 1 dose

Start: S

Instructions:

Give 30 minutes prior to Obinutuzumab.

Chemotherapy

**obinutuzumab (GAZYVA) 900 mg in sodium chloride 0.9 % 250 mL IVPB**

Dose: 900 mg                      Route: intravenous                      once over 4 Hours for 1 dose

Start: S                      End: S 6:26 PM

Instructions:

Gently invert to mix; do not shake or freeze.

Infusion rate:  
 Day 2: If no reaction to previous infusion, initiate infusion at 50 mg/hour for 30 minutes; if tolerated, may escalate rate in increments of 50 mg/hour every 30 minutes to a maximum rate of 400 mg/hour.

| Ingredients: | Name  | Type        | Dose   | Selected           | Adds Vol. |
|--------------|---|-------------|--------|--------------------|-----------|
|              | OBINUTUZUMAB<br>1,000 MG/40 ML<br>INTRAVENOUS<br>SOLUTION | Medications | 900 mg | Main<br>Ingredient | Yes       |
|              | SODIUM<br>CHLORIDE 0.9 %<br>INTRAVENOUS<br>SOLUTION       | QS Base     | 214 mL | Yes                | Yes       |

**Day 8**

Perform every 1 day x1

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:  
 Give 30 minutes prior to Obinutuzumab.

Chemotherapy

**obinutuzumab (GAZYVA) 1,000 mg in sodium chloride 0.9 % 250 mL IVPB**

Dose: 1,000 mg      Route: intravenous      once over 4 Hours for 1 dose  
 Start: S      End: S 6:26 PM

Instructions:  
 Gently invert to mix; do not shake or freeze.  
 Infusion rate:  
 Day 8 and 15: If no reaction to previous infusion and the final infusion rate was 100 mg/hour or faster, initiate infusion at 100 mg/hour for 30 minutes; if tolerated, may escalate infusion rate in increments of 100 mg/hour every 30 minutes to a maximum rate of 400 mg/hour.

| Ingredients: | Name  | Type        | Dose     | Selected           | Adds Vol. |
|--------------|---|-------------|----------|--------------------|-----------|
|              | OBINUTUZUMAB<br>1,000 MG/40 ML<br>INTRAVENOUS<br>SOLUTION | Medications | 1,000 mg | Main<br>Ingredient | Yes       |
|              | SODIUM<br>CHLORIDE 0.9 %<br>INTRAVENOUS<br>SOLUTION       | QS Base     | 210 mL   | Yes                | Yes       |

**Day 15**

Perform every 1 day x1

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

**ondansetron (ZOFRAN) tablet 8 mg**

Dose: 8 mg                      Route: oral                      once for 1 dose  
 Start: S  
 Instructions:  
 Administer 30 minutes before Chlorambucil.

**ondansetron (ZOFRAN) injection 8 mg**

Dose: 8 mg                      Route: intravenous                      once for 1 dose  
 Start: S  
 Instructions:  
 Administer 30 minutes before Chlorambucil.

Chemotherapy

**chlorambucil (LEUKERAN) chemo tablet 0.5 mg/kg/day (Treatment Plan)**

Dose: 0.5 mg/kg/day      Route: oral                      once for 1 dose  
 Start: S

Pre-Medications

**acetaminophen (TYLENOL) tablet 650 mg**

Dose: 650 mg                      Route: oral                      once for 1 dose  
 Start: S  
 Instructions:  
 Give 30 minutes prior to Obinutuzumab.

Chemotherapy

**obinutuzumab (GAZYVA) 1,000 mg in sodium chloride 0.9 % 250 mL IVPB**

Dose: 1,000 mg                      Route: intravenous                      once over 4 Hours for 1 dose  
 Start: S                      End: S 6:26 PM  
 Instructions:

Gently invert to mix; do not shake or freeze.  
 Infusion rate:  
 Day 8 and 15: If no reaction to previous infusion and the final infusion rate was 100 mg/hour or faster, initiate infusion at 100 mg/hour for 30 minutes; if tolerated, may escalate infusion rate in increments of 100 mg/hour every 30 minutes to a maximum rate of 400 mg/hour.

| Ingredients: | Name  | Type        | Dose     | Selected           | Adds Vol. |
|--------------|---|-------------|----------|--------------------|-----------|
|              | OBINUTUZUMAB<br>1,000 MG/40 ML<br>INTRAVENOUS<br>SOLUTION | Medications | 1,000 mg | Main<br>Ingredient | Yes       |
|              | SODIUM<br>CHLORIDE 0.9 %<br>INTRAVENOUS<br>SOLUTION       | QS Base     | 210 mL   | Yes                | Yes       |