Canterbury District Health Board
Te Poari Hauora o Waitaha
Haematology

CLL
Obinutuzumab + Chlorambucil
Cycle 1 Day 1
Obintuzumab on C1 (D1, 2, 8 & 15) then C2-6 D1 only

Height	cm
Weight	kg
BSA	m^2

Attach patient sticker

Cycle length:	28 days
Cycle no	1
Destination	

CBC	Day 1	Limits
Date		
Neuts		1.0×10^9/ L
Plts		50×10^9/ L

Reference: NEJM 2014:370(1101-10) Goede et al. Obinutuzumab plus chlorambucil in patients with CLL and coxisting conditions

Hypersensitivities/Allergies

PRN antiemetics
± Domperidone 10 mg QID PO
± Lorazepam 0.5-1mg PO Q12H (only consider if considerable anxiety – low emetogenicity)

Agent	Round
Obinutuzumab	**Fixed dosing**
Chlorambucil	**2mg (tablet size)**

DOSE MODIFIED: No Yes

- **Ensure Hepatitis B screening performed**
- **Consider withholding antihypertensive drugs on the morning of obinutuzumab infusion, especially for cycle 1.**
- **Patients who have taken antihypertensive medications may need extra monitoring for hypotension.**

Day	Date	Time	Agent	Dose		Route	Instructions	Doctor	Nurse	Check	Start	Stop
1			Chlorambucil 0.5mg/kg		mg	PO	Stat dose on Days 1 and 15. Prescribe on an outpatient prescription *(Due to large number of tablets, can be taken over the course of a day)*					
		T= − 1 hr	Methylprednisolone	100	mg	IV	In 100 mL sodium chloride 0.9% over 15 mins					
		T= − 1 hr	Loratadine	20	mg	PO						
		T= − 1 hr	Paracetamol	1000	mg	PO						
		*Must wait at **least** one hour between pre-medications and administering obinutuzumab*										
			Sodium chloride 0.9%	1000	mL	IV	Infuse over 4-6 hours alongside obinutuzumab					
		T = 0	**Obinutuzumab**	100	mg	IV	In exactly 100 mL sodium chloride 0.9%. See subsequent pages for infusion directions. *Prime line with obinutuzumab, not sodium chloride 0.9%* Max rate on day 1 is 25mg/hr					

Monitor patients with high tumour burden for infusion related reactions and tumour lysis syndrome (risk is increased if WCC > 25). Ensure adequate hydration and allopurinol 300 mg is prescribed.

Consultant: **NZMC Reg. No:**
Special Authority:

CLL	
Obinutuzumab + Chlorambucil	
Cycle 1 Day 2	
Obintuzumab on C1 (D1, 2, 8 & 15) then C2-6 D1 only	

Height	cm
Weight	kg
BSA	m^2

Attach patient sticker

Cycle length:	28 days
Cycle no	1
Destination	

Reference: NEJM 2014:370(1101-10) Goede et al. Obinutuzumab plus chlorambucil in patients with CLL and coxisting conditions

Hypersensitivities/Allergies

PRN antiemetics
± Domperidone 10 mg QID PO
± Lorazepam 0.5-1mg PO Q12H (only consider if considerable anxiety – low emetogenicity)

Agent	Round
Obinutuzumab	**Fixed dosing**
Chlorambucil	**2mg (tablet size)**

DOSE MODIFIED: No Yes

- **Ensure Hepatitis B screening performed**
- **Antihypertensive drugs MUST be withheld on the morning of obinutuzumab infusion (unless doctor specifies otherwise).**
- **Patients who have taken antihypertensive medications need extra monitoring for hypotension.**

Day	Date	Time	Agent	Dose		Route	Instructions	Doctor	Nurse	Check	Start	Stop
2		T= −1 hr	Methylprednisolone	100	mg	IV	In 100 mL sodium chloride 0.9% over 15 mins					
		T= −1 hr	Loratadine	20	mg	PO						
		T= −1 hr	Paracetamol	1000	mg	PO						
		*Must wait at **least** one hour between pre-medications and administering obinutuzumab*										
			Sodium chloride 0.9%	1000	mL	IV	Infuse over 4-6 hours alongside obinutuzumab					
		T = 0	**Obinutuzumab**	900	mg	IV	In exactly 250 mL sodium chloride 0.9%. See subsequent pages for infusion directions. *Prime line with obinutuzumab, not sodium chloride 0.9%*					

- **Monitor patients with high tumour burden for infusion related reactions and tumour lysis syndrome (risk is increased if WCC >25).**
- **Ensure adequate hydration and allopurinol 300 mg is prescribed**

Canterbury District Health Board
Te Poari Hauora o Waitaha
Haematology

CLL
Obinutuzumab + Chlorambucil
Cycle 1 Day 8
Obintuzumab on C1 (D1, 2, 8 & 15) then C2-6 D1 only

Height		cm
Weight		kg
BSA		m^2

Attach patient sticker

Cycle length:	28 days
Cycle no	1
Destination	

Reference: NEJM 2014:370(1101-10) Goede et al. Obinutuzumab plus chlorambucil in patients with CLL and coxisting conditions

Hypersensitivities/Allergies

PRN antiemetics
± Domperidone 10 mg QID PO
± Lorazepam 0.5-1mg PO Q12H (only consider if considerable anxiety – low emetogenicity)

Agent	Round
Obinutuzumab	**Fixed dosing**
Chlorambucil	**2mg (tablet size)**

DOSE MODIFIED: No Yes

- **Ensure Hepatitis B screening performed**
- **Antihypertensive drugs MUST be withheld on the morning of obinutuzumab infusion(unless doctor specifies otherwise).**
- **Patients who have taken antihypertensive medications need extra monitoring for hypotension.**

Day	Date	Time	Agent	Dose		Route	Instructions	Doctor	Nurse	Check	Start	Stop
8		T= −1 hr	Methylprednisolone	100	mg	IV	In 100 mL sodium chloride 0.9% over 15 mins					
		T= −1 hr	Loratadine	20	mg	PO						
		T= −1 hr	Paracetamol	1000	mg	PO						
		*Must wait at **least** one hour between pre-medications and administering obinutuzumab*										
			Sodium chloride 0.9%	1000	mL	IV	Infuse over 4 hours					
		T = 0	**Obinutuzumab**	1000	mg	IV	In exactly 250 mL sodium chloride 0.9%. See subsequent pages for infusion directions. *Prime line with obinutuzumab, not sodium chloride 0.9%*					

- **Monitor patients with high tumour burden for infusion related reactions and tumour lysis syndrome (risk is increased if WCC > 25).**
- **Ensure adequate hydration and allopurinol 300 mg is prescribed**

Canterbury District Health Board
Te Poari Hauora o Waitaha
Haematology

CLL
Obinutuzumab + Chlorambucil
Cycle 1 Day 15
Obintuzumab on C1 (D1, 2, 8 & 15) then C2-6 D1 only

Height	cm
Weight	kg
BSA	m^2

Attach patient sticker

Cycle length:	28 days
Cycle no	1
Destination	

Reference: NEJM 2014:370(1101-10) Goede et al. Obinutuzumab plus chlorambucil in patients with CLL and coxisting conditions

Hypersensitivities/Allergies

PRN antiemetics
± Domperidone 10 mg QID PO
± Lorazepam 0.5-1mg PO Q12H (only consider if considerable anxiety – low emetogenicity)

Agent	Round
Obinutuzumab	**Fixed dosing**
Chlorambucil	**2mg (tablet size)**

DOSE MODIFIED: No Yes

- **Ensure Hepatitis B screening performed**
- **Antihypertensive drugs MUST be withheld on the morning of obinutuzumab infusion (unless doctor specifies otherwise).**
- **Patients who have taken antihypertensive medications need extra monitoring for hypotension.**

Day	Date	Time	Agent	Dose		Route	Instructions	Doctor	Nurse	Check	Start	Stop
15			Chlorambucil 0.5mg/kg		mg	PO	Stat dose on Days 1 and 15. Prescribe on an outpatient prescription *(Due to large number of tablets, can be taken over the course of a day)*					
		T= −1 hr	Methylprednisolone	100	mg	IV	In 100 mL sodium chloride 0.9% over 15 mins					
		T= −1 hr	Loratadine	20	mg	PO						
		T= −1 hr	Paracetamol	1000	mg	PO						
		*Must wait at **least** one hour between pre-medications and administering obinutuzumab*										
			Sodium chloride 0.9%	1000	mL	IV	Infuse over 4 hours					
		T = 0	**Obinutuzumab**	1000	mg	IV	In exactly 250 mL sodium chloride 0.9%. See subsequent pages for infusion directions. *Prime line with obinutuzumab, not sodium chloride 0.9%*					

- **Monitor patients with high tumour burden for infusion related reactions and tumour lysis syndrome (risk is increased if WCC > 25).**
- **Ensure adequate hydration and allopurinol 300 mg is prescribed**

Canterbury DHB
District Health Board
Te Poari Hauora ō Waitaha

Christchurch Hospital
Haematology Department

Patient label

Obinutuzumab infusion

Cycle 1 Day 1

Infusion Instructions: Bag concentration = 100 mg in 100 mL = 1 mg/mL

Administer at 25 mg/hour for 4 hours. Do not increase the infusion rate.

Take vital observations as for blood products, or as clinically indicated.

Following infusion: Observe for delayed side effects for 2 hours following infusion.

PRN medications for Hypersensitivity reactions

Date	Time	Medication	Dose	Route	Doctor	Nurse	Check
		Hydrocortisone	100 mg	Slow IV bolus			
		Paracetamol	1000 mg	PO			
		Chlorphenamine	10 mg	Slow IV bolus			

Obinutuzumab has a very high incidence of infusion related reactions (IRRs).

Infusion rate modifications for infusion related reactions (IRR)

Grade 4 (CTCAE) (life threatening)	**Stop** infusion and contact the consultant. Therapy may be **permanently discontinued.**
Grade 3 (Severe)	**Temporarily interrupt** infusion and **treat symptoms.** Upon resolution of symptoms, restart infusion at no more than half the previous rate (the rate being used at the time that the IRR occurred). If patient does not experience any IRR symptoms, infusion rate escalation may resume at the increments and intervals as appropriate for the treatment dose If the patient experiences a second occurrence of a Grade 3 IRR, stop the infusion and contact the consultant.
Grade 1-2 (mild and moderate)	**Temporarily interrupt** infusion and **treat symptoms.** Upon resolution of symptoms, continue infusion. If patient does not experience any IRR symptoms, infusion rate escalation may resume at the increments and intervals as appropriate for the treatment dose.

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District Health Board
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Christchurch Hospital
Haematology Department

Patient label

Obinutuzumab infusion

Cycle 1 Day 2

Infusion Instructions:
Bag concentration = 900 mg in 250 mL

12.5mg = 3.5mL
25mg = 7 mL
50mg = 14mL

If no infusion related reaction occurred during the previous infusion, administer at 50 mg/hour. The infusion can then be increased in increments of 50 mg/hour every 30 minutes to a maximum rate of 400 mg/hour.

If the patient experienced and infusion related reaction during the previous infusion, start administration at 25 mg/hour. The rate of the infusion can be increased after 30 minutes to 50 mg/hour, and then can continue to be increased in increments of 50 mg/hour every 30 minutes to a maximum rate of 400 mg/hour.

Take vital observations as for blood products, or as clinically indicated.
Following infusion: Observe for delayed side effects for 2 hours following infusion.

PRN medications for Hypersensitivity reactions

Date	Time	Medication	Dose	Route	Doctor	Nurse	Check
		Hydrocortisone	100 mg	Slow IV bolus			
		Paracetamol	1000 mg	PO			
		Chlorphenamine	10 mg	Slow IV bolus			

Obinutuzumab has a very high incidence of infusion related reactions (IRRs).

Infusion rate modifications for infusion related reactions (IRR)

Grade 4 (CTCAE) (life threatening)	**Stop** infusion and contact the consultant. Therapy may be **permanently discontinued.**
Grade 3 (Severe)	**Temporarily interrupt** infusion and **treat symptoms.** Upon resolution of symptoms, restart infusion at no more than half the previous rate (the rate being used at the time that the IRR occurred). If patient does not experience any IRR symptoms, infusion rate escalation may resume at the increments and intervals as appropriate for the treatment dose. If the patient experiences a second occurrence of a Grade 3 IRR, stop the infusion and contact the consultant.
Grade 1-2 (mild and moderate)	**Temporarily interrupt** infusion and **treat symptoms.** Upon resolution of symptoms, continue infusion. If patient does not experience any IRR symptoms, infusion rate escalation may resume at the increments and intervals as appropriate for the treatment dose

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Christchurch Hospital
Haematology Department

Patient label

Obinutuzumab infusion

Cycle 1 Day 8

Infusion Instructions:

Bag concentration = 1000 mg in 250 mL

50 mg = 12.5 mL
100 mg = 25mL

If patient has previously tolerated 100mg/hr, start infusion at 100mg/hr. Then increase the rate by 100mg/hr (25mL/hr) at 30 minute intervals to a maximum of 400mg/hr (100 mL/hr) provided no toxicity occurs. If patient reacts, follow instructions below. If patient has not previously tolerated 100mg/hr, start infusion at previously tolerated rate then increase the rate by 50mg/hr every 30 minutes.

Take vital observations as for blood products, or as clinically indicated.
Following infusion: If patient has reacted to the previous infusion, observe for 1 hour after infusion.

PRN medications for Hypersensitivity reactions

Date	Time	Medication	Dose	Route	Doctor	Nurse	Check
		Hydrocortisone	100 mg	Slow IV bolus			
		Paracetamol	1000 mg	PO			
		Chlorphenamine	10 mg	Slow IV bolus			

Obinutuzumab has a very high incidence of infusion related reactions (IRRs).

Infusion rate modifications for infusion related reactions (IRR)

Grade 4 (CTCAE) (life threatening)	**Stop** infusion and contact the consultant. Therapy may be **permanently discontinued.**
Grade 3 (Severe)	**Temporarily interrupt** infusion and **treat symptoms.** Upon resolution of symptoms, restart infusion at no more than half the previous rate (the rate being used at the time that the IRR occurred). If patient does not experience any IRR symptoms, infusion rate escalation may resume at the increments and intervals as appropriate for the treatment dose. If the patient experiences a second occurrence of a Grade 3 IRR, stop the infusion and contact the consultant.
Grade 1-2 (mild and moderate)	**Temporarily interrupt** infusion and **treat symptoms.** Upon resolution of symptoms, continue infusion. If patient does not experience any IRR symptoms, infusion rate escalation may resume at the increments and intervals as appropriate for the treatment dose

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Christchurch Hospital
Haematology Department

Patient label

Obinutuzumab infusion

Cycle 1 Day 15

Infusion Instructions:

Bag concentration = 1000 mg in 250 mL

50 mg = 12.5 mL
100 mg = 25mL

If patient has previously tolerated 100mg/hr, start infusion at 100mg/hr. Then increase the rate by 100mg/hr (25mL/hr) at 30 minute intervals to a maximum of 400mg/hr (100 mL/hr) provided no toxicity occurs. If patient reacts, follow instructions below. If patient has not previously tolerated 100mg/hr, start infusion at previously tolerated rate then increase the rate by 50mg/hr every 30 minutes.

Take vital observations as for blood products, or as clinically indicated.
Following infusion: If patient has reacted to the previous infusion, observe for 1 hour after infusion.

PRN medications for Hypersensitivity reactions

Date	Time	Medication	Dose	Route	Doctor	Nurse	Check
		Hydrocortisone	100 mg	Slow IV bolus			
		Paracetamol	1000 mg	PO			
		Chlorphenamine	10 mg	Slow IV bolus			

Obinutuzumab has a very high incidence of infusion related reactions (IRRs).

Infusion rate modifications for infusion related reactions (IRR)

Grade 4 (CTCAE) (life threatening)	**Stop** infusion and contact the consultant. Therapy may be **permanently discontinued.**
Grade 3 (Severe)	**Temporarily interrupt** infusion and **treat symptoms.** Upon resolution of symptoms, restart infusion at no more than half the previous rate (the rate being used at the time that the IRR occurred). If patient does not experience any IRR symptoms, infusion rate escalation may resume at the increments and intervals as appropriate for the treatment dose. If the patient experiences a second occurrence of a Grade 3 IRR, stop the infusion and contact the consultant.
Grade 1-2 (mild and moderate)	**Temporarily interrupt** infusion and **treat symptoms.** Upon resolution of symptoms, continue infusion. If patient does not experience any IRR symptoms, infusion rate escalation may resume at the increments and intervals as appropriate for the treatment dose