

Obinutuzumab (Gazyva)

Induction Followed by Maintenance Every 6 Months

Obinutuzumab 1000 mg week 0, 2, 24, 26 followed by 1000 mg every 6 months

Protocol Types

Infusion Treatment 1, Infusion Treatment 2, Infusion Treatment 3, Infusion Treatment 4

Patient name: _____ DOB: _____

Please include: ☐ Patient face sheet ☐ Insurance authorization (if other than Medicaid or non-Advantage Medicare)

Diagnosis: _____

Review: Every 358 days

Orders

	Interval	Defer Until	Duration
Provider Communication			
☒ Provider communication	Every visit		Until discontinued
Until discontinued Starting when released Until Specified			
Hepatitis B (Hep B surface antigen and core antibody total) screening must be completed prior to initiation of treatment and the patient should not be infected.			
Supplemental Labs			
☐ Hepatitis B Screening Labs			
☒ Hepatitis B Surface Antigen	Every 365 days		Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☒ Hepatitis B Surface Antibody Quant	Every 365 days		Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☒ Hepatitis B Core Antibody, Total	Every 365 days		Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☐ TB Screening Labs			
☐ QUANTIFERON TB GOLD	Every 365 days		Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☐ TB Skin Test	Every 365 days		Until discontinued
Routine, Once Starting when released, Miscellaneous			
Release to patient: Immediate			
Point Of Care			
☐ Read PPD	Every 365 days		Until discontinued
Routine, Once Starting when released, Miscellaneous			
Release to patient: Immediate			
Point Of Care			
Labs			
☒ hCG, serum, qualitative	Every visit		Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			

	Interval	Defer Until	Duration
Inclusion conditions: Patient could become pregnant			
☒ CBC and differential Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine	Every visit		Until discontinued
☒ Comprehensive metabolic panel Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine	Every visit		Until discontinued
Nursing Orders			
☒ Treatment conditions Until discontinued Starting when released Until Specified Hold treatment and contact provider if Hepatitis B surface antigen or core antibody total test result is positive or if screening has not been performed.	Once		1 treatment
☒ Treatment conditions Until discontinued Starting when released Until Specified Hold treatment and contact provider if patient has signs and symptoms of infection (fever, skin infection, need for antibiotics etc).	Every visit		Until discontinued
☒ Nursing communication Until discontinued Starting when released Until Specified Following infusion, monitor patient for signs and symptoms of reaction for 60 minutes.	Every visit		Until discontinued
Pre-Medications			
☒ acetaminophen (Tylenol) tablet 650 mg 650 mg, oral, Once, Starting at treatment start time	Every visit		Until discontinued
☒ diphenhydrAMINE (BENADryl) 50 mg 50 mg, oral, Once, Starting at treatment start time Give diphenhydramine if patient has transportation. Give either loratadine or diphenhydrAMINE, not both.	Every visit		Until discontinued
☒ loratadine (Claritin) tablet 10 mg 10 mg, oral, Once as needed, if diphenhydramine is not given, Starting at treatment start time, Until Discontinued Give loratadine if patient does NOT have transportation. Give either loratadine or diphenhydrAMINE, not both.	Every visit		Until discontinued
☒ ondansetron (Zofran) tablet 4 mg 4 mg, oral, Once as needed, nausea / vomiting - 1st line, Starting when released, Until Discontinued Give oral OR intravenous, not both.	Every visit		Until discontinued
☒ ondansetron (Zofran) IV 4 mg 4 mg, intravenous, Once as needed, nausea / vomiting - 1st line, Starting when released, Until Discontinued Give oral OR intravenous, not both.	Every visit		Until discontinued
☒ methylPREDNISolone sod suc (PF) (SOLU-Medrol) injection 80 mg 80 mg, intravenous, Once, Starting at treatment start time Starting from Dose 6, intravenous corticosteroid should only be administered to patients who have experienced an infusion related reaction in the prior infusion.	Every visit		5 treatments
☐ methylPREDNISolone sod suc (PF) (SOLU-Medrol) injection 80 mg 80 mg, intravenous, Once, Starting at treatment start time Starting from Dose 6, intravenous corticosteroid should only be administered to patients who have experienced an infusion related reaction in the prior infusion.	Every 180 days	S+182	Until discontinued
Therapeutic Medications			
☒ Nursing communication Until discontinued Starting when released Until Specified Hypotension may occur during obinutuzumab infusions. Consider withholding antihypertensive treatments for 12 hours prior to and throughout each obinutuzumab infusion and for the first hour after administration. Starting from Dose 6, intravenous corticosteroid should only be administered to patients who have experienced an infusion related reaction in the prior infusion.	Every visit		Until discontinued

	Interval	Defer Until	Duration
☒ obinutuzumab (Gazyva) IVPB 1,000 mg 1,000 mg, intravenous, Once, Starting 30 minutes after treatment start time Infuse obinutuzumab dose 1 at 50 mg/hr. If no infusion reactions, the rate can be escalated in increments of 50 mg/hr every 30 minutes to a maximum rate of 400 mg/hr.	Once		1 treatment
☒ obinutuzumab (Gazyva) IVPB 1,000 mg 1,000 mg, intravenous, Once, Starting 30 minutes after treatment start time If patient tolerated prior doses, obinutuzumab may be infused at 100 mg/hr and increased in 100 mg/hr increments every 30 minutes to a max infusion rate of 400 mg/hr.	Once	S+14	1 treatment
Patients who do not experience GREATER THAN OR EQUAL TO grade 3 infusion related reactions during the previous infusion may receive obinutuzumab over approximately 90 minutes from Dose 2 onwards with continued premedication. Infuse at 100 mg/hr for 30 minutes, then 900 mg/hr for approximately 60 minutes.			
☒ obinutuzumab (Gazyva) IVPB 1,000 mg 1,000 mg, intravenous, Once, Starting 30 minutes after treatment start time If patient tolerated prior doses, obinutuzumab may be infused at 100 mg/hr and increased in 100 mg/hr increments every 30 minutes to a max infusion rate of 400 mg/hr.	Every 14 days	S+168	2 treatments
Patients who do not experience GREATER THAN OR EQUAL TO grade 3 infusion related reactions during the previous infusion may receive obinutuzumab over approximately 90 minutes from Dose 2 onwards with continued premedication. Infuse at 100 mg/hr for 30 minutes, then 900 mg/hr for approximately 60 minutes.			
☒ obinutuzumab (Gazyva) IVPB 1,000 mg 1,000 mg, intravenous, Once, Starting 30 minutes after treatment start time If patient tolerated prior doses, obinutuzumab may be infused at 100 mg/hr and increased in 100 mg/hr increments every 30 minutes to a max infusion rate of 400 mg/hr.	Every 180 days	S+182	2 treatments
Patients who do not experience GREATER THAN OR EQUAL TO grade 3 infusion related reactions during the previous infusion may receive obinutuzumab over approximately 90 minutes from Dose 2 onwards with continued premedication. Infuse at 100 mg/hr for 30 minutes, then 900 mg/hr for approximately 60 minutes.			

Emergency Medications

☒ Nursing communication STAT, Until discontinued Starting when released Until Specified If hypersensitivity reaction occurs, stop infusion IMMEDIATELY and CALL provider.	Every visit		Until discontinued
☒ Vital Signs STAT, Every 15 min Starting when released If a hypersensitivity reaction occurs, perform vital signs every 15 minutes for one hour, then every 30 minutes for 2 hours.	Every visit		Until discontinued
☒ Nursing communication Once Starting when released If hypersensitivity reaction occurs: - Elevate head of bed 30 degrees and place patient's head at 30 degree angle if possible - Start 2 liters oxygen per nasal cannula and maintain airway - Change and maintain IV line with 1000 mL 0.9% Normal Saline	Every visit		Until discontinued
☒ sodium chloride 0.9 % infusion 30 mL/hr, intravenous, Continuous PRN, KVO, Starting when released, for 1 day	Every visit		Until discontinued
☒ albuterol 2.5 mg /3 mL (0.083 %) nebulizer solution 2.5 mg 2.5 mg, nebulization, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day	Every visit		Until discontinued
☒ albuterol HFA 90 mcg/act inhaler 2 puff 2 puff, inhalation, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day SHAKE WELL	Every visit		Until discontinued
☒ acetaminophen (Tylenol) tablet 650 mg	Every visit		Until discontinued

	Interval	Defer Until	Duration
650 mg, oral, Once as needed, fever, GREATER THAN or EQUAL TO 38 C, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus			
☒ diphenhydrAMINE (BENADryl) injection 25 mg	Every visit		Until discontinued
25 mg, intravenous, Administer over: 2 Minutes, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus			
☒ diphenhydrAMINE (BENADryl) injection 50 mg	Every visit		Until discontinued
50 mg, intravenous, Administer over: 2 Minutes, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)			
☒ hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg	Every visit		Until discontinued
100 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus - OR - For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)			
☒ EPINEPHrine (EpiPen;Adrenalin) injection solution 0.3 mg	Every visit		Until discontinued
0.3 mg, intramuscular, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)			

Appointment Requests

☒ Infusion Appointment Request	Once		1 treatment
Status: Once, Expected: S, Sched. Duration: 240 minutes, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after			
☒ Infusion Appointment Request	Once	S+14	1 treatment
Status: Once, Expected: S, Sched. Duration: 120 minutes, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after			
☒ Infusion Appointment Request	Every 14 days	S+168	2 treatments
Status: Once, Expected: S, Sched. Duration: 120 minutes, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after			
☒ Infusion Appointment Request	Every 180 days	S+182	Until discontinued
Status: Once, Expected: S, Sched. Duration: 120 minutes, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after			

*Provider signature

Provider printed name

*Date

Time

*Provider phone#

*Denotes Field that must be completed by healthcare worker