Regimen Monograph

Regimen Name | Drug Regimen | Cycle Frequency | Premedication and Supportive Measures | References | Other Notes | Disclaimer

A - Regimen Name

GLOF Regimen

Glofitamab

Disease Site

Hematologic
- Lymphoma - Non-Hodgkin's High Grade
- Lymphoma - Non-Hodgkin's Intermediate Grade

Intent

Palliative

Regimen Category

Evidence-informed :

Regimen is considered appropriate as part of the standard care of patients; meaningfully improves outcomes (survival, quality of life), tolerability or costs compared to alternatives (recommended by the Disease Site Team and national consensus body e.g. pan-Canadian Oncology Drug Review, pCODR). Recommendation is based on an appropriately conducted phase III clinical trial relevant to the Canadian context OR (where phase III trials are not feasible) an appropriately sized phase II trial. Regimens where one or more drugs are not approved by Health Canada for any indication will be identified under Rationale and Use.

This **Regimen Abstract** is an **abbreviated** version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.

Rationale and Uses

Maintenance treatment of relapsed or refractory diffuse large B-cell lymphoma (DLBCL), in patients who received GEMOX+GLOF

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B - Drug Regimen

As maintenance:

glofitamab	30 mg	IV	day 1

(This drug is not currently publicly funded for this regimen and intent)

Inpatient admission may be required for cytokine release syndrome (CRS) monitoring.

Note: ST-QBP funding for ambulatory administration only

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C - Cycle Frequency

REPEAT EVERY 21 DAYS

(To complete a total of 12 cycles of glofitamab, including cycles given with GEMOX+GLOF), unless disease progression or unacceptable toxicity

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D - Premedication and Supportive Measures

Antiemetic Regimen: Minimal

- Also refer to CCO Antiemetic Summary.

Pre-medications for Glofitamab (prophylaxis for CRS):

Give at least 30 min prior to each glofitamab infusion***:**

- Antihistamine (e.g. diphenhydramine 50 mg PO/IV)
- Antipyretic (e.g. acetaminophen 1000 mg PO)
- Add IV glucocorticoid* **for patients who experienced CRS with previous doses**

*Glucocorticoid to be completed at least 1 hour before glofitamab infusion.

Other Supportive Care:

- Consider prophylaxis against Pneumocystis jirovecii pneumonia (PJP) and herpes virus infections.
- Consider other antimicrobial prophylaxis as per local guidelines.
- Glofitamab should be administered to adequately hydrated patients.
- Patients at risk of tumour lysis syndrome should have appropriate prophylaxis and be monitored closely.

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K - References

Abramson JS, Ku M, Hertzberg M, et al. Glofitamab plus gemcitabine and oxaliplatin (GemOx) versus rituximab-GemOx for relapsed or refractory diffuse large B-cell lymphoma (STARGLO): a global phase 3, randomised, open-label trial. Lancet. 2024 Nov 16;404(10466):1940-1954. doi:

10.1016/S0140-6736(24)01774-4.

Glofitamab drug monograph. Ontario Health (Cancer Care Ontario).

May 2025 new ST-QBP regimen

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M - Disclaimer

Regimen Abstracts

A Regimen Abstract is an abbreviated version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). It is intended for healthcare providers and is to be used for informational purposes only. It is not intended to constitute or be a substitute for medical advice, and all uses of the Regimen Abstract are subject to clinical judgment. Such information is provided on an "as-is" basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information's quality, accuracy, currency, completeness, or reliability, and Cancer Care Ontario disclaims all liability for the use of this information, and for any claims, actions, demands or suits that arise from such use.

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Regimen Monographs

Refer to the New Drug Funding Program or Ontario Public Drug Programs websites for the most up-to-date public funding information.

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Some Formulary documents, such as the medication information sheets, regimen information sheets and symptom management information (for patients), are intended for patients. Patients should always consult with their healthcare provider if they have questions regarding any information set out in the Formulary documents.

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