

Doctor's Order Sheet

**Ruxience® (riTUXimab) 375 -  
bendamustine 70 -  
cytarabine 800**

Regimen: Cycle 1 (Part I)

ARIA Protocol Name: Ruxience (rituximab) – Bendamustine 70 Cytarabine 800

Adult Chemotherapy - Hematology Oncology

Mantle Cell Lymphoma



CC5880 0398 08 2023

Name: \_\_\_\_\_

HCN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Allergies:**

**No Known**

Date: DD/MONTH/YYYY

Planned Administration Date: DD/MONTH/YYYY

Cycle \_\_\_\_\_ of \_\_\_\_\_

**Cycle Duration: 28 days**

Date of previous cycle: DD/MONTH/YYYY

**MAY PROCEED WITH DOSES AS WRITTEN IF:**

- ANC **greater than or equal to** 1.0 X 10<sup>9</sup>/L and platelets **greater than or equal to** 100 X 10<sup>9</sup>/L, otherwise notify Hematologist.
- LFTs and Bilirubin assessed.
- Creatinine clearance assessed.

**PREMEDICATIONS (FOR HOSPITAL PHARMACY):**

- dexamethasone 8 mg PO/IV pre riTUXimab on day 1
- diphenhydrAMINE 50 mg PO/IV pre riTUXimab on day 1
- acetaminophen 650 mg PO pre riTUXimab on day 1
- allopurinol 300 mg PO on day 1
- dexamethasone 8 mg PO/IV pre chemotherapy on days 2, 3 and 4
- ondansetron 8 mg PO/IV pre chemotherapy on days 2, 3 and 4
- Other: \_\_\_\_\_

**HYDRATION/SUPPORTIVE CARE (FOR HOSPITAL PHARMACY):**

- diphenhydrAMINE 50 mg PO/IV prn x 1 dose (Give during riTUXimab infusion if infusion lasts greater than 4 hours)
- acetaminophen 650 mg PO prn x 1 dose (Give during riTUXimab infusion if infusion lasts greater than 4 hours)
- meperidine 25-50 mg IV q1h prn x 2 doses (For chills and rigors associated with riTUXimab)
- Other: \_\_\_\_\_

PLEASE REFER TO CHEMOTHERAPY LETTER WHEN ORDERING SUPPORTIVE MEDICATIONS FOR THIS PATIENT

Authorized Prescriber: \_\_\_\_\_ Date: DD/MONTH/YYYY Time: \_\_\_\_\_

Authorized Prescriber's Signature: \_\_\_\_\_ ID #: \_\_\_\_\_

Nurse's Name: \_\_\_\_\_ Date: DD/MONTH/YYYY Time: \_\_\_\_\_

Nurse's Signature: \_\_\_\_\_

THIS IS A CONTROLLED DOCUMENT. PLEASE ENSURE THAT YOU ARE READING THE MOST RECENT VERSION.



Doctor's Order Sheet

**Ruxience™ (riTUXimab) 375 -  
bendamustine 70 -  
cytarabine 800**

Regimen: Cycle 1 (Part II)

ARIA Protocol Name: Ruxience (rituximab) – Bendamustine 70 Cytarabine 800

Adult Chemotherapy - Hematology Oncology

Mantle Cell Lymphoma

Name: \_\_\_\_\_

HCN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_



CC5880 0398 08 2023

Weight: \_\_\_\_\_ kg      Height: \_\_\_\_\_ cm      Body Surface Area (BSA) = \_\_\_\_\_

**CHEMOTHERAPY (FOR HOSPITAL PHARMACY):**

**Ruxience™ (riTUXimab) 375 mg/m<sup>2</sup> X BSA = \_\_\_\_\_ mg**

Dose modification: **Ruxience™ (riTUXimab) 375 mg/m<sup>2</sup> X BSA - \_\_\_\_\_ % = \_\_\_\_\_ mg**

**IV** diluted to 1mg/ml in normal saline and administer as per protocol on day 1. Observe patient for 30 minutes after infusion is complete.

**bendamustine 70 mg/m<sup>2</sup> X BSA = \_\_\_\_\_ mg**

Dose modification: **bendamustine 70 mg/m<sup>2</sup> X BSA - \_\_\_\_\_ % = \_\_\_\_\_ mg**

**IV** in 500 mL normal saline over 60 minutes on day 2 and 3.

**cytarabine 800 mg/m<sup>2</sup> X BSA = \_\_\_\_\_ mg**

Dose modification: **cytarabine 800 mg/m<sup>2</sup> X BSA - \_\_\_\_\_ % = \_\_\_\_\_ mg**

**IV** in 500 mL normal saline over 120 minutes on day 2, 3 and 4.

**HYDRATION/SUPPORTIVE CARE (FOR COMMUNITY PHARMACY):**

**allopurinol 300 mg PO** once daily on days 2 to 5

**dexamethasone 4 mg PO** once daily in the evening on day 2, 3 and 4

**dexamethasone 4 mg PO** twice daily on day 5 and 6

**metoclopramide 10-20 mg PO** every 4 hours as needed

Other: \_\_\_\_\_

**POST-CHEMOTHERAPY (FOR COMMUNITY PHARMACY)**

**filgrastim** (Brand: \_\_\_\_\_) \_\_\_\_\_ **mcg subcutaneous** daily for 7 days starting on day 5 (24 hours post-chemotherapy)

**pegfilgrastim** (Brand: \_\_\_\_\_) **6 mg subcutaneous** ONCE on day 5 (24 hours post-chemotherapy)

PLEASE REFER TO CHEMOTHERAPY LETTER WHEN ORDERING SUPPORTIVE MEDICATIONS FOR THIS PATIENT

Authorized Prescriber: \_\_\_\_\_ Date: DD/MONTH/YYYY Time: \_\_\_\_\_

Authorized Prescriber's Signature: \_\_\_\_\_ ID #: \_\_\_\_\_

Nurse's Name: \_\_\_\_\_ Date: DD/MONTH/YYYY Time: \_\_\_\_\_

Nurse's Signature: \_\_\_\_\_

THIS IS A CONTROLLED DOCUMENT. PLEASE ENSURE THAT YOU ARE READING THE MOST RECENT VERSION.