

**Ruxience® (riTUXimab) 375 - bendamustine 90**

Regimen: Cycle 1 (Part I)

ARIA Protocol Name: Ruxience® (rituximab)- Benda/Cytara (Part 1 R-Benda)

Adult Chemotherapy - Hematology Oncology

Mantle Cell Lymphoma



CC5990 0409 10 2022

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**  $1 \times 10^9/L$  and platelets **greater than or equal to**  $100 \times 10^9/L$ , otherwise notify Hematologist.
- LFTs and Bilirubin assessed.
- Creatinine clearance assessed.

**PREMEDICATIONS (FOR HOSPITAL PHARMACY):**

- dexamethasone 8 mg PO pre chemo on day 1 and 2
- diphenhydrAMINE 50 mg PO pre riTUXimab on day 1
- acetaminophen 650 mg PO pre riTUXimab on day 1
- allopurinol 300 mg PO on day 1
- ondansetron 8 mg PO pre bendamustine on days 1 and 2
- Other: \_\_\_\_\_

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

- diphenhydrAMINE 50 mg PO 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)
- sodium chloride 0.9% 500 mL IV to run concurrently with bendamustine on days 1 and 2
- 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 90**

Regimen: Cycle 1 (Part II)

ARIA Protocol Name: Ruxience® (rituximab)- Benda/Cytara (Part 1 R-Benda)

Adult Chemotherapy - Hematology Oncology

Mantle Cell Lymphoma



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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 NS and administer as per protocol on day 1. Observe patient for 30 minutes after infusion is complete.

**bendamustine 90 mg/m<sup>2</sup> X BSA = \_\_\_\_\_ mg**

Dose modification: **bendamustine 90 mg/m<sup>2</sup> X BSA - \_\_\_\_\_ % = \_\_\_\_\_ mg**

**IV** in 500 mL NS over 60 minutes on day 1 and 2.

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

**allopurinol 300 mg PO** on days 2-5

**dexamethasone 4 mg PO** once daily in the evening on day 1 and 2

**dexamethasone 4 mg PO** BID on day 3 and 4

**metoclopramide 10-20 mg PO** Q4H PRN

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

PLEASE REFER TO CHEMOTHERAPY LETTER WHEN ORDERING SUPPORTIVE MEDICATIONS FOR THIS PATIENT  
DD/MONTH/YYYY

Authorized Prescriber: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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

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

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

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