

**riTUXimab-hyaluronidase 1400 mg - bendamustine 90 - acalabrutinib 100 mg**

Regimen: Cycle 2-6 (Part I)

ARIA Protocol Name: riTUXimab SC bendamustine acalabrutinib - Compassionate

Adult Chemotherapy - Hematology Oncology

Mantle Cell Lymphoma



CC8100 0630 01 2026

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**  $75 \times 10^9/L$ , 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
- cetirizine 10 mg PO** pre riTUXimab-hyaluronidase on day 1
- acetaminophen 650 mg PO** pre riTUXimab-hyaluronidase on day 1
- ondansetron 8 mg PO** pre bendamustine on days 1 and 2
- Other: \_\_\_\_\_

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

- normal saline 500 mL IV** over 60 minutes on day 1 and 2. To be administered concurrently with bendamustine
- 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

**riTUXimab-hyaluronidase**

**1400 mg - bendamustine 90 -  
acalabrutinib 100 mg**

Regimen: Cycle 2-6 (Part II)

**ARIA Protocol Name:** riTUXimab SC bendamustine acalabrutinib -  
Compassionate

Adult Chemotherapy - Hematology Oncology

Mantle Cell Lymphoma



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

**CHEMOTHERAPY (FOR HOSPITAL PHARMACY):**

**riTUXimab-hyaluronidase, human 1400 mg**

**SC** over 5 minutes on day 1

**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 normal saline over 60 minutes on day 1 and 2.

**CHEMOTHERAPY (FOR COMMUNITY PHARMACY):**

**acalabrutinib 100 mg PO** BID on days 1 to 28

Dose modification: **acalabrutinib 100 mg PO** once daily on days 1 to 28

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

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

**metoclopramide 10-20 mg PO** Q4-6H PRN

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: \_\_\_\_\_

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