**BEND+RITU**

**Regimen Monograph**

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<th>Regimen Name</th>
<th>Drug Regimen</th>
<th>Cycle Frequency</th>
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**A - Regimen Name**

**BEND+RITU Regimen**
Bendamustine-riTUXimab

**Disease Site**
Hematologic - Lymphoma - Non-Hodgkin's Low 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**

- First-line treatment of patients with indolent CD20 positive non-Hodgkin's lymphoma* or mantle cell lymphoma with ECOG status ≤ 2
- Treatment of patients with relapsed/refractory† indolent CD20 positive non-Hodgkin’s lymphoma* or mantle cell lymphoma, where the combination of fludarabine-rituximab could previously have been a therapeutic option.

* (excluding small lymphocytic lymphoma, CLL)
† Patients who previously received rituximab may be eligible for rituximab
retreatment, in those who sustained a response and remained disease-free for at least 6 months after the last dose of rituximab. Refer to the NDFP eligibility forms for detailed funding criteria.

**Supplementary Public Funding**

**bendamustine**
New Drug Funding Program (Bendamustine - First Line - Indolent Non-Hodgkin's Lymphoma and Mantle Cell Lymphoma)

**bendamustine**
New Drug Funding Program (Bendamustine - Relapsed_Refractory - Indolent Non-Hodgkin's Lymphoma and Mantle Cell Lymphoma)

**riTUXimab**
New Drug Funding Program (Rituximab in Combination with Chemotherapy - Indolent B-cell Lymphoma)

**riTUXimab**
New Drug Funding Program (Rituximab - Retreatment - Indolent Lymphoma) (with combination chemotherapy)

**riTUXimab (subcut)**
New Drug Funding Program (Rituximab (SC) in Combination with Chemotherapy - Indolent B-cell Lymphoma)

**riTUXimab (subcut)**
New Drug Funding Program (Rituximab (SC) - Retreatment - Indolent Lymphoma)

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**B - Drug Regimen**

**Cycle 1:** All patients must receive their first dose of rituximab by IV infusion

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<tr>
<th></th>
<th>dosage</th>
<th>route</th>
<th>day</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>riTUXimab</strong></td>
<td>375 mg /m²</td>
<td>IV</td>
<td>Day 1</td>
</tr>
<tr>
<td><strong>bendamustine</strong></td>
<td>90 mg /m²</td>
<td>IV</td>
<td>Days 1 and 2</td>
</tr>
</tbody>
</table>

**Cycle 2 and onwards** (For a maximum of 6 cycles including initial IV rituximab cycle(s) )

**Rituximab IV:**
**riTUXimab**  
375 mg /m²  IV  Day 1

**OR**

**Rituximab subcutaneous:**

The subcutaneous formulation must only be given at the second or subsequent cycles, and only after at least 1 full rituximab IV dose.

**riTUXimab (subcut)**  
1400 mg  Subcut  Day 1

**Plus BEND chemotherapy:**

**bendamustine**  
90 mg /m²  IV  Days 1 and 2

**C - Cycle Frequency**

**REPEAT EVERY 28 DAYS** for a maximum of 6 cycles in the absence of unacceptable toxicity or disease progression.

For patients who responded to induction therapy, and were rituximab-naïve prior to induction, refer to maintenance rituximab regimen - RITU(MNT) or RITU(MNT-SC).

**J - Administrative Information**

Approximate Patient Visit  
BEND+RITU - 6 hours (first cycle); 1-4 hours (subsequent cycles); BEND only: 0.5 to 1 hour

Pharmacy Workload (average time per visit)  
24.073 minutes

Nursing Workload (average time per visit)  
55.417 minutes

**K - References**

Bendamustine and rituximab drug monographs, Cancer Care Ontario.


**PEBC Advice Documents or Guidelines**

- **Rituximab in Lymphoma and Chronic Lymphocytic Leukemia**

**October 2018** Modified rationale section based on updated NDFP criteria

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**Regimen Abstracts**

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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.

**Regimen Monographs**

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

The information set out in the drug monographs, regimen monographs, appendices and symptom management information (for health professionals) contained in the Drug Formulary (the "Formulary") is intended for healthcare providers and is to be used for informational purposes only. The information is not intended to cover all possible uses,
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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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