**BEND+RITU Regimen**
Bendamustine-riTUXimab

**Disease Site**  
Hematologic - Lymphoma - Non-Hodgkin's Low Grade (indolent)

**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**  
Treatment of symptomatic indolent histology CD20-positive non-Hodgkin’s B-cell or mantle cell lymphoma (excluding small lymphocytic lymphoma, SLL) in:

- "Rituximab-naïve" patients: treatment of initial or relapsed/refractory disease patients (BEND+RITU followed by maintenance RITU in responding patients. Refer to RITU(MNT) or RITU(MNT-SC) regimen monograph)
- "Rituximab retreatment" (relapsed/refractory) patients who have
responded to prior rituximab (as combination, single agent and/or maintenance therapy) and who had not required therapy for at least one year (BEND+RITU only; maintenance RITU is not funded)  

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

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</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, if the patient has previously received at least one 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 have 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

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

July 2018 Added rituximab subcutaneous option and corresponding NDFP forms
providers and is to be used for informational purposes only. The information is not intended to cover all possible uses, directions, precautions, drug interactions or adverse effects of a particular drug, nor should it be construed to indicate that use of a particular drug is safe, appropriate or effective for a given condition. The information in the Formulary is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. All uses of the Formulary are subject to clinical judgment and actual prescribing patterns may not follow the information provided in the Formulary.

The format and content of the drug monographs, regimen monographs, appendices and symptom management information contained in the Formulary will change as they are reviewed and revised on a periodic basis. The date of last revision will be visible on each page of the monograph and regimen. Since standards of usage are constantly evolving, it is advised that the Formulary not be used as the sole source of information. It is strongly recommended that original references or product monograph be consulted prior to using a chemotherapy regimen for the first time.

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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back to top