Regimen Monograph

Regimen Name | Drug Regimen | Cycle Frequency | Premedication and Supportive Measures | Administrative Information | References | Other Notes | Disclaimer

A - Regimen Name

ACALBEND+RITU Regimen

Acalabrutinib-Bendamustine-Rituximab

ACAL+RITU(MNT) Regimen

Acalabrutinib-Rituximab (Maintenance)

Disease Site

Hematologic
Lymphoma - Non-Hodgkin's Low Grade - Mantle Cell

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 mantle cell lymphoma (MCL) in patients who are ineligible for autologous stem cell transplant (ASCT)

(Refer to the NDFP eligibility form for detailed funding criteria. Refer to EAP for acalabrutinib funding details.)

Supplementary Public Funding

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

acalabrutinib
Exceptional Access Program (acalabrutinib - In Combination with Bendamustine and Rituximab for Mantle Cell Lymphoma, based on criteria) (EAP Website)

riTUXimab
New Drug Funding Program (Rituximab (Biosimilar IV) and Rituximab SC in Combination with Chemotherapy - Indolent B-cell Lymphoma) (NDFP Website)

riTUXimab (subcut)
New Drug Funding Program (Rituximab (Biosimilar IV) and Rituximab SC in Combination with Chemotherapy - Indolent B-cell Lymphoma) (NDFP Website)

riTUXimab
New Drug Funding Program (Rituximab (Biosimilar IV) and Rituximab SC - Maintenance Treatment - Lymphoma) (NDFP Website)

riTUXimab (subcut)
New Drug Funding Program (Rituximab (Biosimilar IV) and Rituximab SC - Maintenance Treatment - Lymphoma) (NDFP Website)

back to top

B - Drug Regimen

Acalabrutinib tablets and capsules are bioequivalent and have equivalent oral bioavailability **except** when co-administered with acid reducing agents.

Note: Different rituximab products are NOT INTERCHANGEABLE.

Induction

Cycle 1:

All patients must receive their first dose of rituximab by IV infusion

riTUXimab	375 mg /m²	IV	Day 1
bendamustine	90 mg /m²	IV	Days 1 and 2
acalabrutinib	100 mg	PO	BID

Cycles 2 to 6:

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:

bendamustine	90 mg /m²	IV	Days 1 and 2
acalabrutinib	100 mg	PO	BID

Maintenance (for patients who responded to induction)

acalabrutinib	100 mg	PO	BID (Continuous treatment)
Plus RITU (IV or subcut):			
riTUXimab[1]	375 mg /m²	IV	Day 1, Every 3 months
OR			
riTUXimab (subcut)[1]	1400 mg	Subcut	Day 1, Every 3 months

[1]Dosing based on NDFP funding criteria. Rituximab maintenance was given starting cycle 8, q2 months for 12 doses in the clinical trial (Wang et al.)

back to top

C - Cycle Frequency

Bendamustine: **REPEAT EVERY 28 DAYS** for a usual total of up to 6 cycles
Rituximab: **REPEAT EVERY 28 DAYS** during the first 6 cycles (induction phase), then administer every **3 MONTHS** for 8 doses (maintenance phase)
Acalabrutinib: **CONTINUOUS** treatment

Unless disease progression or unacceptable toxicity.

For patients who responded to induction therapy, use maintenance acalabrutinib+rituximab regimen code - ACAL+RITU(MNT).

back to top

D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate (cycles 1 to 6)
Minimal (cycles 7 and onwards)
No routine prophylaxis for acalabrutinib

- Also refer to CCO Antiemetic Recommendations.

Screen for hepatitis B virus in all cancer patients starting systemic treatment. Refer to the hepatitis B virus screening and management guideline.

Pre-medication (prophylaxis for infusion reactions):

Administer at least 30 minutes prior to rituximab:

- Oral antipyretic (e.g. acetaminophen)
- H1-receptor antagonist (e.g. diphenhydramine)
- Corticosteroid (e.g. methylprednisolone 80 mg IV) in patients with high bulk disease or pulmonary involvement if no corticosteroids are already being given as part of the chemotherapy regimen.
- In patients receiving **subcut** rituximab who experienced adverse effects with pre-medications, the omission of pre-medications can be considered.

Other Supportive Care:

- Hypertension should be controlled prior to starting bendamustine treatment.
- Consider withholding antihypertensive medication 12 hours prior to and during rituximab infusion as hypotension may occur during infusion.
- Consider prophylaxis for tumour lysis syndrome (TLS) in patients at higher risk of TLS.
- Consider prophylaxis in patients at increased risk for opportunistic infections (e.g. aspergillosis, fungal pneumonia, herpes zoster, and Pneumocystis Jiroveci Pneumonia).
- Consider the benefit-risk analysis of withholding acalabrutinib for at least 3 days pre- and post-surgery due to bleeding risk.

back to top

J - Administrative Information

Acalabrutinib – outpatient prescription for take-home administration

Approximate Patient Visit

ACALBEND+RITU	6 hours (first cycle); 1.75 to 4 hours (subsequent cycles);
ACAL+RITU(MNT)	0.75 to 5 hours

back to top

K - References

Acalabrutinib drug monograph. Ontario Health (Cancer Care Ontario).

Bendamustine drug monograph. Ontario Health (Cancer Care Ontario).

Canada's Drug Agency. Reimbursement Recommendation: Acalabrutinib (Calquence). Canadian Journal of Health Technologies. October 2025.

Rituximab drug monograph. Ontario Health (Cancer Care Ontario)..

Rituximab (subcut) drug monograph. Ontario Health (Cancer Care Ontario).

Wang M, Salek D, Belada D, et al. Acalabrutinib Plus Bendamustine-Rituximab in Untreated Mantle Cell Lymphoma. J Clin Oncol. 2025 Jul 10;43(20):2276-2284.

December 2025 new ST-QBP regimen

back to top

M - Disclaimer

Regimen Abstracts

A 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). It is intended for healthcare providers and is to be used for informational purposes only. It is not intended to constitute or be a substitute for medical advice, and all uses of the Regimen Abstract are subject to clinical judgment. Such information is provided on an "as-is" basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information's quality, accuracy, currency, completeness, or reliability, and Cancer Care Ontario disclaims all liability for the use of this information, and for any claims, actions, demands or suits that arise from such use.

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, 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.

While care has been taken in the preparation of the information contained in the Formulary, such information is provided on an "as-is" basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information's quality, accuracy, currency, completeness, or reliability.

CCO and the Formulary's content providers shall have no liability, whether direct, indirect, consequential, contingent, special, or incidental, related to or arising from the information in the Formulary or its use thereof, whether based on breach of contract or tort (including negligence), and even if advised of the possibility thereof. Anyone using the information in the Formulary does so at his or her own risk, and by using such information, agrees to indemnify CCO and its content providers from any and all liability, loss, damages, costs and expenses (including legal fees and expenses) arising from such person's use of the information in the Formulary.

back to top