

## 150 bendamustine

- To rise slowly to sitting or standing position to minimize orthostatic hypotension

- **To notify prescriber of mouth sores, sore throat, fever, swelling of hands or feet, irregular heartbeat, chest pain, bruising, bleeding, swelling of face, tongue, lips, difficulty breathing, signs of infection, cough**

- To report excessive perspiration, dehydration, vomiting, diarrhea; may lead to fall in B/P; to use caution in hot weather, strenuous exercise; to consume adequate fluids

- That product may cause dizziness, fainting, light-headedness; that this may occur during first few days of therapy

- That product may cause skin rash or impaired perspiration

- **Diabetes:** blood glucose, glucose may be decreased, especially during early treatment

- **Hypertension:** How to take B/P, and normal readings for age group

**TREATMENT OF OVERDOSE:**  
0.9% NaCl IV infusion, hemodialysis

### **⚠ HIGH ALERT**

#### **bendamustine (Rx)**

(ben-da-muss'teen)

**Bendeka, Treanda**

*Func. class.:* Antineoplastic alkylating agent

*Chem. class.:* Mechlorethamine derivative

**ACTION:** Cross-linking DNA that causes single-strand and double-strand breaks, inhibits several mitotic checkpoints, combines alkylating and antimetabolite properties

**USES:** Chronic lymphocytic leukemia, non-Hodgkin's lymphoma

**CONTRAINDICATIONS:** Pregnancy, fetal harm may occur; breastfeeding, children, hepatic disease, renal

impairment, hypersensitivity to product or mannitol

**Precautions:** Hyperuricemia, infusion-related reactions, myelosuppression, infection, skin reactions

## **DOSAGE AND ROUTES**

### **Chronic lymphocytic leukemia (CLL)**

- **Adult: IV INFUSION** 100 mg/m<sup>2</sup> over 30 min (Treanda) or 10 min (Bendeka) on days 1, 2 q28days up to 6 cycles

### **Non-Hodgkin's lymphoma**

- **Adult: IV INFUSION** 120 mg/m<sup>2</sup> over 60 min (Treanda) or 10 min (Bendeka) on days 1, 2 q21days up to 8 cycles

### **Mantle cell lymphoma (unlabeled)**

- **Adult: IV INFUSION** 90 mg/m<sup>2</sup> on days 1, 2 with rituximab on day 1 q28days for 6 cycles

### **Renal/hepatic dose**

- **Adult: IV INFUSION** CCr <40 mL/min, do not use; AST or ALT 2.5-10 × ULN or bilirubin 1.5-3 × ULN, do not use

**Available forms:** Powder for inj 25, 100 mg; sol for inj 100 mg/4 mL

### **Administer:**

- Allopurinol for 1-2 wk to those at high risk for tumor lysis syndrome; usually develops in first treatment cycle

- Blood transfusions; RBC colony-stimulating factors to counter anemia unless cure is the intent

- Antiemetic 30-60 min before giving product to prevent vomiting

- All medications PO; if possible, avoid IM inj if platelets are <100,000/mm<sup>3</sup>

### **Intermittent IV INFUSION route (Treanda)**

- Prepare in biologic cabinet wearing gown, gloves, mask; avoid contact with skin, can cause burning, stain the skin brown; use cytotoxic handling procedures

- Before dilution, Treanda injection 45 mg/0.5 mL or 180 mg/2 mL solution cannot be used with any closed-system transfer devices (CSTD), adapters, or syringes that contain polycarbonate or acrylonitrile-butadiene-styrene (ABS)

- After **reconstituting** 100 mg product/20 mL or 25 mg/5 mL sterile water for inj (5 mg/mL), sol should be clear,