

PROTOCOL CODE: LYVENETOR

(Ramp-up phase: Low or Medium TLS Risk)

(Page 1 of 3)

DOCTOR'S ORDERS	Wt _____ kg
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form	
DATE: Start date of dose ramp-up (must be on a Thursday): _____ (ensure minimum 3 days until start date to allow time for allopurinol x 72 h)	
Weeks 1 to 5 - <u>Outpatient</u>	
<input type="checkbox"/> Delay treatment _____ week(s)	
May proceed with doses as written if lab work is within 72h of venetoclax initiation: ANC greater than or equal to $1.0 \times 10^9/L$, platelets greater than or equal to $30 \times 10^9/L$, total bilirubin less than or equal to 3 x ULN	
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity	
Tumor Lysis Prophylaxis: Allopurinol 300 mg PO daily – start at least 72 hours prior to first dose of venetoclax (patient's own supply) Advise patient to drink 1.5 to 2 L of fluids daily during the first 6 weeks of therapy starting 48 hours prior to first dose of venetoclax	
TREATMENT:	
Week 1: venetoclax 20 mg (2 x 10 mg) PO once daily for 7 days Week 2: venetoclax 50 mg (1 x 50 mg) PO once daily for 7 days Week 3: venetoclax 100 mg (1 x 100 mg) PO once daily for 7 days Week 4: venetoclax 200 mg (2 x 100 mg) PO once daily for 7 days **DO NOT take day 2 dose on weeks 1 and 2, until approval received** **DO NOT start weekly dose increase, until approval received**	
AND	
Week 5: venetoclax 400 mg (4 x 100 mg) PO once daily for 7 days **DO NOT start dose increase, until approval received**	
venetoclax _____ mg PO once daily for _____ days (to last until next dose ramp up to start on a Thursday)	
OR	
<input type="checkbox"/> Dose modifications:	
venetoclax _____ mg PO once daily. Start on _____ (enter date)	
Mitte: _____ weeks	
DOCTOR'S SIGNATURE:	SIGNATURE: UC:

PROTOCOL CODE: LYVENETOR

(Ramp-up phase: Low or Medium TLS Risk)

(Page 2 of 3)

DATE:	
RETURN APPOINTMENT ORDERS	
Return in five weeks for Doctor and book Cycle 1 chemo	
<p>**ALL LABS FROM WEEKS 1 TO 5 MUST BE ORDERED AS STAT AT A LABORATORY WITH RAPID TURNAROUND TIME (e.g. BC Cancer or hospital laboratory)**</p> <p>Potassium, calcium, phosphate, uric acid, creatinine, LDH, albumin on the following days and times: Note: Day 7 labs must be on a Wednesday</p> <p>Week 1 Day 1 at 12 noon Week 1 Day 2 at 8am Week 1 Day 7 before 12 noon Week 2 Day 1 at 12 noon Week 2 Day 2 at 8 am Week 2 Day 7 before 12 noon Week 3 Day 7 before 12 noon Week 4 Day 7 before 12 noon</p> <p>Telephone nursing assessment on day 6 of weeks 1, 2, 3 and 4</p> <p>Pharmacy booking as per centre specific standard on the following days: Week 1 and Week 2: Days 1, 2 and 7 Week 3 and Week 4: Day 7</p> <p>Prior to each doctor's visit (week 6 onwards): CBC & Diff, creatinine, total bilirubin, ALT</p> <p>If clinically indicated:</p> <p><input type="checkbox"/> Other tests:</p> <p><input type="checkbox"/> Consults:</p> <p><input type="checkbox"/> See general orders sheet for additional requests.</p>	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC:

PROTOCOL CODE: LYVENETOR
(Ramp-up phase: Low or Medium TLS Risk)

(Page 3 of 3)

Fill prescription at a community pharmacy

DATE:

allopurinol 300 mg PO daily. Start at least 72 hour prior to first dose of venetoclax.

Start date: _____ (Monday)

Mitte: _____ weeks (minimum 6 weeks) Refill x _____

Reminder to patient: Drink 1.5 to 2 litres of fluid (8 glasses) every day for the first 6 weeks, starting 2 days before taking the first dose of venetoclax

DOCTOR'S SIGNATURE: _____

Printed name: _____

License number: _____