



Provincial Health Services Authority

Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BC Cancer treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care

PROTOCOL CODE: LYVENETOR
(Post ramp-up, venetoclax alone)

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DOCTOR'S ORDERS	Wt _____ kg
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form	
DATE:	
Start Date of Cycle 1 Day 1 venetoclax+rituximab: _____	
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC and Diff day of treatment May proceed with doses as written if within 96h ANC greater than or equal to 1.0 x 10⁹/L, Platelets greater than or equal to 30 x10⁹/L, bilirubin less than or equal to 3x ULN	
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity	
Proceed with treatment based on blood work from _____	
CHEMOTHERAPY:	
<input type="checkbox"/> venetoclax 400 mg (4 x 100 mg) once daily for _____ weeks (maximum 12 weeks)	
OR	
<input type="checkbox"/> Dose modifications:	
venetoclax _____ mg PO once daily for _____ weeks (maximum 12 weeks)	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in _____ weeks for Doctor	
Prior to each doctor's visit: CBC and diff, creatinine, bilirubin, ALT	
If clinically indicated:	
<input type="checkbox"/> Other tests:	
<input type="checkbox"/> Consults:	
<input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: