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](http://www.bccancer.bc.ca) and according to acceptable standards of care.

**PROTOCOL CODE: LYVENETOR**
(Ramp-up phase: High TLS Risk)

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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 dose ramp-up: _____________________________

**Weeks 1 to 5: Inpatient for initial 20 mg and 50 mg doses, Outpatient for 100 mg dose and onwards.**

- [ ] Delay treatment _______ week(s)
- [ ] CBC & Diff day of treatment, at baseline

May proceed with doses as written if within 72h of venetoclax initiation: **ANC greater than or equal to 1.0 x 10^9/L, platelets greater than or equal to 30 x 10^9/L, bilirubin less than or equal to 3 x ULN**

Dose modification for:  

- [ ] Hematology
- [ ] Other Toxicity:

Proceed with treatment based on blood work from _____________________________

**Tumor Lysis Prophylaxis:**

- [ ] allopurinol 300 mg PO daily or [ ] TID – start at least 72 hours prior to first dose of venetoclax
- [ ] rasburicase 3 mg IV x 1 dose for patients at high risk of TLS prior to first dose of venetoclax.

May repeat q24h prn (MD order required for additional doses)

**For patients on rasburicase, blood sample for uric acid must be placed on ice while awaiting assay**

- [ ] NS 0.9% IV at [ ] 150 mL/h or [ ] 200 mL/h until discharged

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

- [ ] metoclopramide 10 mg PO/IV q6h prn

**CHEMOTHERAPY:**

- **Week 1:** venetoclax 20 mg (2 x 10 mg) once daily with food for 7 days
- **Week 2:** venetoclax 50 mg (1 x 50 mg) once daily with food for 7 days
- **Week 3:** venetoclax 100 mg (1 x 100 mg) once daily with food for 7 days
- **Week 4:** venetoclax 200 mg (2 x 100 mg) once daily with food for 7 days

**DO NOT** take day 2 dose on weeks 1 to 4, until approval received**

**DO NOT** start weekly dose increase, until approval received**

**AND**

- **Week 5:** venetoclax 400mg (4 x 100 mg) once daily with food for 7 days

**DO NOT** start dose increase or take day 2 dose, until approval received**

venetoclax __________ mg PO once daily with food for ____________ days (to last until next dose ramp up to start on a Thursday)

**OR**

- [ ] Dose modifications:
  
  venetoclax __________ mg PO once daily with food. Start on ________________ (enter date)

Mitte: __________ days

**DOCTOR’S SIGNATURE:**

SIGNATURE: ____________________________

UC: ____________________________

BC Cancer Provincial Preprinted Order LYVENETOR (Ramp-up_high risk)
Created: 01 Jan 2020 Revised: 1 Jul 2020
**PROTOCOL CODE: LYVENETOR**
(Ramp-up phase: High TLS Risk)

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**DATE:**

**RETURN APPOINTMENT ORDERS**

- Readmit to hospital in 1 week for week # _______
- Return in five weeks for Doctor and book Cycle 1 chemo

---

**ALL LABS FROM WEEKS 1 TO 5 MUST BE ORDERED STAT AT A LABORATORY WITH RAPID TURNAROUND TIME (e.g. BC Cancer or hospital laboratory)**

Ramp up labs: Potassium, calcium, phosphate, uric acid, creatinine, LDH, albumin on the following days and times:

***For patients on rasburicase, blood sample for uric acid must be placed on ice while awaiting assay***

**Note:** Day 7 labs must be on a Wednesday

- **Week 1 Day 1:** 4 h, 8 h, 12 h and 24 h after 1st dose
- **Week 1 Day 7 or _________** (day before dose escalation, on a Wednesday) before 12 noon
- **Week 2 Day 1:** 4 h, 8 h, 12 h AND 24 h after dose increase
- **Week 2 Day 7 or _________** (day before dose escalation, on a Wednesday) before 12 noon
- **Week 3 Day 1 at 12 noon**
- **Week 3 Day 2 at 12 noon**
- **Week 3 Day 7 before 12 noon**
- **Week 4 Day 1 at 12 noon**
- **Week 4 Day 2 at 12 noon**
- **Week 4 Day 7 before 12 noon**
- **Week 5 Day 1 at 12 noon**
- **Week 5 Day 2 at 12 noon**

**Telephone nursing assessment on day 6 of weeks 1, 2, 3, and 4**

**Pharmacy booking as per centre specific standard on the following days:**
- Week 1 and Week 2: Day 7
- Week 3 and Week 4: Days 1, 2, 7
- Week 5 Day 1 and 2

Prior to each doctor's visit (week 6 onwards): **CBC and diff, creatinine, bilirubin, ALT**

If clinically indicated:

- Other tests:
- Consults:
- See general orders sheet for additional requests

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**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**

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BC Cancer Provincial Preprinted Order LYVENETOR (Ramp-up_high risk)

Created: 01 Jan 2020  
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(Ramp-up phase: High TLS Risk)  

Fill prescription at a community pharmacy

<table>
<thead>
<tr>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>allopurinol 300mg PO daily. Start at least 72 hour prior to first dose of venetoclax.</td>
</tr>
<tr>
<td>Start date:_____________ (Monday)</td>
</tr>
<tr>
<td>Mitte: _________ weeks (minimum 6 weeks)   Refill x ______</td>
</tr>
<tr>
<td>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</td>
</tr>
</tbody>
</table>

**DOCTOR’S SIGNATURE:** _______________________________

Printed name: _______________________________

License number: _______________________________