

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

(Page 1 of 3)

Wt \_\_\_\_\_ kg

**DOCTOR'S ORDERS**

**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 - Outpatient**

Delay treatment \_\_\_\_\_ week(s)

**CBC and Diff** day of treatment, at baseline

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  $30 \times 10^9/L$ , 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** – 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) once daily for 7 days

Week 2: **venetoclax 50 mg** (1 x 50 mg) once daily for 7 days

Week 3: **venetoclax 100 mg** (1 x 100 mg) once daily for 7 days

Week 4: **venetoclax 200 mg** (2 x 100 mg) 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) 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**

Dose modifications:

**venetoclax** \_\_\_\_\_ mg PO once daily. Start on \_\_\_\_\_ (enter date)

**Mitte:** \_\_\_\_\_ weeks

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**  
**UC:**

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(Page 2 of 3)

<b>DATE:</b>	
<b>RETURN APPOINTMENT ORDERS</b>	
Return in five weeks for Doctor and book Cycle 1 chemo	
<p><b>**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)**</b></p> <p><b>Potassium, calcium, phosphate, uric acid, creatinine, LDH, albumin on the following days and times:</b>  <b>Note: Day 7 labs must be on a Wednesday</b></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><b>Telephone nursing assessment on day 6 of weeks 1, 2, 3 and 4</b></p> <p><b>Pharmacy booking as per centre specific standard on the following days:</b>          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): <b>CBC and diff, creatinine, bilirubin, ALT</b></p> <p>If clinically indicated:</p> <p><input type="checkbox"/> <b>Other tests:</b></p> <p><input type="checkbox"/> <b>Consults:</b></p> <p><input type="checkbox"/> <b>See general orders sheet for additional requests.</b></p>	
<b>DOCTOR'S SIGNATURE:</b>	<b>SIGNATURE:</b>
	<b>UC:</b>



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

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(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:** \_\_\_\_\_