

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

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A BC Cancer "Compassionate Access Program" request form must be completed and approved prior to treatment.

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: <u>Inpatient</u> for initial 20 mg and 50 mg doses, <u>Outpatient</u> for 100 mg dose and onwards.	
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> 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 10⁹/L, platelets greater than or equal to 30 x 10⁹/L, bilirubin less than or equal to 3 x ULN Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> 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 <input type="checkbox"/> 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** <input type="checkbox"/> NS 0.9% IV at <input type="checkbox"/> 150 mL/h or <input type="checkbox"/> 200 mL/h until discharged Advise patient to drink 1.5 to 2 L of fluids daily during the first 5 weeks of therapy, starting 48 hours prior to first dose of venetoclax <input type="checkbox"/> metoclopramide 10mg PO/IV q6h prn	
CHEMOTHERAPY: 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 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 for 7 days **DO NOT start dose increase or take day 2 dose, 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: _____ days	
DOCTOR'S SIGNATURE:	SIGNATURE: UC:

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DATE:

RETURN APPOINTMENT ORDERS

Readmit to hospital in 1 week for week # _____

Return in five weeks for Doctor

****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: **4h, 8h, 12h 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: **4h, 8h, 12h 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 8 am

Week 3 Day 7 before 12 noon

Week 4 Day 1 at 12 noon

Week 4 Day 2 at 8am

Week 4 Day 7 before 12 noon

Week 5 Day 1 at 12 noon

Week 5 Day 2 at 8am

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

DOCTOR'S SIGNATURE:

SIGNATURE:
UC:

Fill prescription at a community pharmacy



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

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DATE:

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

Start date: _____ (Monday)

Mitte: _____ weeks

Reminder to patient: Drink 1.5 to 2 liters of fluid (8 glasses) every day for the first 5 weeks, starting 2 days before taking the first dose of venetoclax

DOCTOR'S SIGNATURE: _____

Printed name: _____

License number: _____