



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: ULYVENETO
(Ramp-up phase: Low or Medium 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 (must be on a Thursday): _____

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 72 h 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 5 weeks of therapy starting 48 hours prior to first dose of venetoclax

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 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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DATE:	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in five weeks for Doctor	
<p>**ALL LABS FROM WEEKS 1 TO 5 MUST BE ORDERED AS <u>STAT</u> 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 8am 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 and diff, creatinine, bilirubin, ALT</p> <p>If clinically indicated:</p> <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC:



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Fill prescription at a community pharmacy

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: _____