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 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 – 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 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 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 with food for 7 days

  **DO NOT** start dose increase, 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:** ___________ weeks

**DOCTOR’S SIGNATURE:**

| SIGNATURE: |
| UC: |
PROTOCOL CODE: ULYVENETO
(Ramp-up phase: Low or Medium TLS Risk)

DATE:

RETURN APPOINTMENT ORDERS

☐ Return in five weeks for Doctor

**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)**

Potassium, calcium, phosphate, uric acid, creatinine, LDH, albumin on the following days and times:
Note: Day 7 labs must be on a Wednesday

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

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: Days 1, 2 and 7
Week 3 and Week 4: Day 7

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

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**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 litres 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: ______________________________