VENETOCLAX & AZOLE CYCLE 2 ONWARDS

full description

INDICATIONS:

AML

DOSING:

Venetoclax PO 100mg od days1-28
Posaconazole PO 300 od days 1-28
28 day cycle.

May be allocated alongside either:
Azacitidine 75mg/m² SC, OD days 1-5 and 8-9

Or:
Cytarabine 20mg/m2 SC OD days 1 to 10

Based on:
Recommendations for the management of patients with AML during the COVID19 outbreak:
a statement from the NCRI AML Working Party
Version 3.4 dated 05.05.2020

regimen name	VENET&AZOLE #2+
diagnosis	Acute Myeloblastic Leukaemia (AML)
version number	1.00

version no	amended date	amended by	summary
1	Tue May 12 2020 14:30:14 GMT+0100 (British Summer Time)	[redacted]	

Treatment day: 1 day type: O slots: 2

drug name	route	vehicle	dose	dose calc	infus. time	frequency	duration	start time	line	fluid vol..	fluid calc
critical test:	HB85, HAEMOGLOBIN >85 , range: 85-> 172										
critical test:	PLAT75, PLATELETS> 75 , range: 75-> 600										
critical test:	NEUT1, NEUTROPHILS > 1.0 , range: 1-> 7 5										
critical test:	CREAT, CREATININE (umol/l) , range: 40-> 135										
critical test:	GFR>30, GFR >30ml/min , range: 30.01-> 125										
critical test:	BIL3ULN, BILIRUBIN <3ULN , range: 0-> 63										
critical test:	ALT5ULN, ALT <5ULN , range: 0-> 215										
critical test:	ALP 5ULN, ALKALINE PHOSPHATASE <5ULN , range: 35-> 520										
critical test:	CCA, Corrected Calcium (mmol/L) , range: 2.1-> 2 6										
critical test:	K, POTASSIUM (mmol/L) , range: 3.5-> 5.3										
critical test:	PO4, PHOSPHATE (mmol/l) , range: 0.8-> 1.5										
VENETOCLAX	Oral	None	100 mg	FLAT		od	28 days			0	
note:	Take with or just after food, or a meal at approximately the same time each day. Swallow whole with a full glass of water, do not chew or crush. Avoid grapefruit products, seville oranges & starfruit.										
POSACONAZOLE	Oral	None	300 mg	FLAT		od	28 days			0	

Treatment day: 28 day type: X slots: 0

drug name	route	vehicle	dose	dose calc	infus. time	frequency	duration	start time	line	fluid vol..	fluid calc
review											

CLINICAL DETAILS

DOSE REDUCTIONS (FOR INFORMATION / ADVICE CONTACT A PHARMACIST)

RENAL IMPAIRMENT:
No dose adjustment is needed for patients with mild or moderate renal impairment (CrCl =30 mL/min and <90 mL/min). Patients with reduced renal function (CrCl <80 mL/min) may require more intensive prophylaxis and monitoring to reduce the risk of TLS at initiation and during the dose-titration phase. Safety in patients with severe renal impairment (CrCl <30 mL/min) or on dialysis has not been established, and a recommended dose for these patients has not been determined. Venclyxto should be administered to patients with severe renal impairment only if the benefit outweighs the risk and patients should be monitored closely for signs of toxicity due to increased risk of TLS

HEPATIC IMPAIRMENT:
No dose adjustment is recommended in patients with mild or moderate hepatic impairment. Patients with moderate hepatic impairment should be monitored more closely for signs of toxicity at initiation and during the dose-titration phase.

A dose reduction of at least 50% throughout treatment is recommended for patients with severe hepatic impairment. These patients should be monitored more closely for signs of toxicity.

BASELINE / ADDITIONAL MONITORING REQUIREMENTS:
Monitor closely for tumour lysis syndrome. Some patients, especially those at greater risk of TLS, may require hospitalisation on the day of the first dose of venetoclax for more intensive prophylaxis and monitoring during the first 24 hours. Hospitalisation should be considered for subsequent dose increases based on reassessment of risk.Patients must ensure they are adequately hydrated.

Dose reduction advice from: SmPC

Dose adjustments for haematological toxicity:
* Recommend admission to hospital for at least the first 5 days of cycle 1 and it may be safer in some cases that patients remain admitted until count recovery after cycle 1.
* If blast clearance confirmed and the patient has grade 4 neutropenia, G-CSF may be commenced until neutrophil recovery.
* If counts have not recovered above these levels by D42, do a bone marrow aspirate.
* Once in complete remission, if grade 4 neutropenia or thrombocytopenia develops, cease venetoclax and commence G-CSF until resolution of grade 4 neutropenia.
* If grade 4 toxicity persists beyond day 42 of the previous cycle, the duration of venetoclax may be reduced to 14-21 days.
* If prolonged treatment-related grade 4 neutropenia or thrombocytopenia occurs in subsequent cycles, azacitidine treatment could also be reduced to 5 days.
* In patients who have not yet been confirmed to be in complete remission, the length of treatment cycles should not be altered. Patients who do not achieve CR after cycle 2 should be discussed at an MDT.

Dose adjustments for non-haematological toxicity:
* In patients with grade 3-4 abnormal liver function tests (ALT and bilirubin), venetoclax and any potentially hepatotoxic drugs (including azole antifungals) should be withheld until these have resolved to grade 2 or below and then venetoclax (and the azole antifungal if applicable) should be restarted at the original dose.
* Venetoclax should not be interrupted for any other non-haematological toxicity for patients who are not in complete remission.
* In patients in complete remission with grade 3 or 4 non-haematological toxicity thought to be related to venetoclax, this should be withheld until the toxicity has resolved to grade 2 or below and then restarted at the original dose.

ADD NOTE="May be allocated alongside either:
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Regimen Entry		**Pharmacist - PSU Date**	
Regimen		**Pharmacist - QA Date**	
Regimen Verified		**Consultant Date**	
		Medical Director Date	