

VENETOCLAX DOSE INCREASE WEEKS 1-5

full description

INDICATIONS:

CLL

DOSING:

Venetoclax PO 20mg od days 1-7

Venetoclax PO 50mg od days 8-14

Venetoclax PO 100mg od days 15-21

Venetoclax PO 200mg od days 22-28

Venetoclax PO 400mg od days 29-35

1 cycle only.

regimen name	VENETOCLAX INIT
diagnosis	Chronic Lymphatic Leukaemia (CLL) , CLL with 17p deletion or TP53 mutation
version number	2.00

version no	amended date	amended by	summary
1	Mon Oct 16 2017 15:11:32 GMT+0100 (British Summer Time)	██████████	
2	Tue Jul 16 2019 14:26:21 GMT+0100 (British Summer Time)	██████████	Updated hepatic guidance

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:	PLAT25, PLATELETS > 25 , range: 25-> 600										
critical test:	WBC 2, WBC> 2.0 , range: 2-> 11										
critical test:	NEUT1, NEUTROPH LS > 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:	B L3ULN, BILIRUBIN <3ULN , range: 0-> 63										
critical test:	ALT5ULN, ALT <5ULN , range: 0-> 215										
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	20 mg	FLAT		od	7 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.										
ALLOPURINOL	Oral	None	300 mg	FLAT		od				0	
note:	PHARMACY: dispense 2 x 28 tablets										

Treatment day: 8 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:	PLAT25, PLATELETS > 25 , range: 25-> 600										
critical test:	WBC 2, WBC> 2.0 , range: 2-> 11										
critical test:	NEUT1, NEUTROPH LS > 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:	B L3ULN, BILIRUBIN <3ULN , range: 0-> 63										
critical test:	ALT5ULN, ALT <5ULN , range: 0-> 215										

drug name	route	vehicle	dose	dose calc	infus. time	frequency	duration	start time	line	fluid vol..	fluid calc
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	50 mg	FLAT		od	7 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.										

Treatment day: 15 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:	PLAT25, PLATELETS > 25 , range: 25-> 600										
critical test:	WBC 2, WBC> 2.0 , range: 2-> 11										
critical test:	NEUT1, NEUTROPH LS > 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:	B L3ULN, BILIRUBIN <3ULN , range: 0-> 63										
critical test:	ALT5ULN, ALT <5ULN , range: 0-> 215										
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	7 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.										

Treatment day: 22 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:	PLAT25, PLATELETS > 25 , range: 25-> 600										
critical test:	WBC 2, WBC> 2.0 , range: 2-> 11										
critical test:	NEUT1, NEUTROPH LS > 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:	B L3ULN, BILIRUBIN <3ULN , range: 0-> 63										
critical test:	ALT5ULN, ALT <5ULN , range: 0-> 215										
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	200 mg	FLAT		od	7 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.										

Treatment day: 29 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:	PLAT25, PLATELETS > 25 , range: 25-> 600										
critical test:	WBC 2, WBC> 2.0 , range: 2-> 11										
critical test:	NEUT1, NEUTROPH LS > 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										

drug name	route	vehicle	dose	dose calc	infus. time	frequency	duration	start time	line	fluid vol..	fluid calc
critical test:	B L3ULN, BILIRUBIN <3ULN , range: 0-> 63										
critical test:	ALT5ULN, ALT <5ULN , range: 0-> 215										
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	400 mg	FLAT		od	7 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.										

Treatment day: 35 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. Venclxyto 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

ADD NOTE="Prevention of tumour lysis syndrome - Patients with high tumour burden (any lymph node \geq 5cm diameter or ALC \geq 25 x 10⁹/L) and/or reduced renal function (CrCl < 80) are at greater risk of TLS when initiating venetoclax. Prior to initiating venetoclax, tumour burden assessment, including radiographic evaluation (e.g., CT scan), must be performed for all patients. Blood chemistry (potassium, uric acid, phosphorus, calcium, and creatinine) should be assessed and pre-existing abnormalities corrected. Allopurinol should be commenced 2-3 days before commencing venetoclax in patients with high uric acid levels or at risk of TLS and may be continued through the titration phase. More intensive measures should be employed as overall risk increases.

Consider the use of rasburicase in patients at high risk of tumour lysis syndrome (TLS)

Pre-dose: For all patients, blood chemistries should be assessed prior to the initial dose to evaluate kidney function and correct pre-existing abnormalities. Blood chemistries should be reassessed prior to each subsequent dose increase during the titration phase.

Post-dose: For patients at risk of TLS, blood chemistries should be monitored at 6 to 8 hours and at 24 hours after the first dose of venetoclax. Electrolyte abnormalities should be corrected promptly. The next venetoclax dose should not be administered until the 24-hour blood chemistry results have been evaluated. The same monitoring schedule should be followed at the start of the 50 mg dose and then for patients who continue to be at risk, at subsequent dose increases.

Hydration - Patients should be adequately hydrated during the dose-titration phase to reduce the risk of TLS. Patients should be instructed to drink plenty of water daily starting 2 days before and throughout the dose-titration phase. Patients should be particularly instructed to drink 1.5 to 2.0 L of water daily, 2 days prior to and the days of dosing at initiation and each subsequent dose increase. Intravenous fluids should be administered as indicated based on overall risk of TLS or for those who cannot maintain an adequate level of oral hydration.

Hospitalisation - Based on physician assessment, 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. "

Regimen Entry

Pharmacist - PSU

Date

Regimen

Pharmacist - QA

Date

Regimen Verified

Consultant

Date

Medical Director

Date