

**AML**  
**Low dose cytarabine and venetoclax**  
**Cycle 2 onwards**

<b>Height</b>		cm
<b>Weight</b>		kg
<b>BSA</b>		m <sup>2</sup>

Attach patient sticker

Cycle length:	28 days
Cycle number:	
Destination:	

**Hypersensitivities/Allergies**

**PRN antiemetics**  
± Domperidone 10 mg PO QID PRN

<b>Agent</b>	<b>Round</b>
Cytarabine	1 mg
<b>DOSE MODIFIED: No Yes</b>	

Reference: Wei, A.H., et al.  
Blood. 2020; 135(24):2137-2145

Day	Date	Time	Agent	Dose	Route	Instructions	Doctor	Nurse	Check	Start	Stop
1-28			<b>Venetoclax</b>		mg PO	Prescribe on an outpatient prescription					
1			<b>Cytarabine 20 mg/m<sup>2</sup></b>		mg subcut						
2			<b>Cytarabine 20 mg/m<sup>2</sup></b>		mg subcut						
3			<b>Cytarabine 20 mg/m<sup>2</sup></b>		mg subcut						
4			<b>Cytarabine 20 mg/m<sup>2</sup></b>		mg subcut						
5			<b>Cytarabine 20 mg/m<sup>2</sup></b>		mg subcut						

The usual venetoclax dose is 600mg once daily. Venetoclax is a CYP3A4 substrate – the dose should be reduced by at least 50% with co-administration of a moderate CYP3A4 inhibitor, such as fluconazole. An alternative may be to give venetoclax 200-400mg once daily, with fluconazole 200mg once daily. The venetoclax duration may be shortened to only be given on the days of chemotherapy, at the discretion of the treating haematologist, however this deviates from the dose used in clinical trials.

Venetoclax is not funded on the PHARMAC Schedule for this indication – the patient will be required to pay the full cost of the medication

Authorised by: Peter Ganly

Pharmacist: Timothy Vincent

Date: May 2021

**AML**  
**Low dose cytarabine and venetoclax**  
**Cycle 1**

<b>Height</b>		cm
<b>Weight</b>		kg
<b>BSA</b>		m <sup>2</sup>

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Day	Date	Time	Agent	Dose	Route	Instructions	Doctor	Nurse	Check	Start	Stop
6			Cytarabine 20 mg/m <sup>2</sup>	mg	subcut						
7			Cytarabine 20 mg/m <sup>2</sup>	mg	subcut						
8			Cytarabine 20 mg/m <sup>2</sup>	mg	subcut						
9			Cytarabine 20 mg/m <sup>2</sup>	mg	subcut						
10			Cytarabine 20 mg/m <sup>2</sup>	mg	subcut						

This chemotherapy regime is minimally emetogenic - no antiemetics should be routinely administered before treatment in patients without a history of nausea and vomiting. If patients experience nausea +/- vomiting, consider ondansetron 8mg PO 1 hour prior to each dose of chemotherapy.

**Consultant:**  
**NZMC Reg. No:**

Authorised by: Peter Ganly

Pharmacist: Timothy Vincent

Date: May 2021

0 7 0 0 9 2 0

C H A R T

M E D I C A T I O N

C H E M O T H E R A P Y