

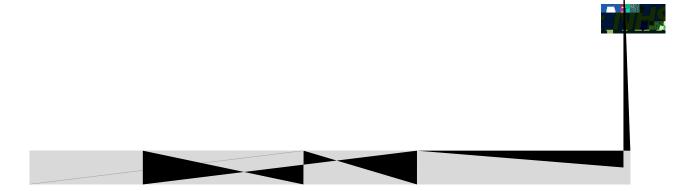
Monitoring

Vital screening is required before starting treatment including Hepatitis B surface antigen, core antibody and HV status.

FBC, U8Es (incluting potassium, serumbicaborate, blood usea nitrogen, phosphate, LDH, creatinine, adjusted calcium and uic acid) and LFTs should be measured prior to starting therapy and pre-existing electrolyte abnormalities connected. There is a nisk of tumourlysis synchrone (ILS) hence it is necessary to monitor potassium, uic acid, phosphate, adjusted calcium, LDH and creatinine at 6 to 8 hours and at 24 hours after the first dose and during each dose increase of venetoclass Electrolyte abnormalities should be connected promptly. The next venetoclass close should not be administered until the 24 hour blood chemistry results have been evaluated (see section on TLS below).

Dose Modifications

The dose modifications listed are for harmatological, liver and renal function and dug



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Assess blood chemistry (potassium, unic acid, phosphorus, calcium, and creatinine) and connect pre-existing abnormalities prior to initiation of treatment with venetoclax

Monitorblood chemistries for TLS at pre-dose, 6 to 8 hours after each new dose during titration and 24 hours after reaching final dose.

For patients with tisk factors for TLS (e.g. citculating blasts, high buden of leukaenia involvement in hone manowy elevated pre-treatment LDH or reduced terral function) additional measures should be considered, including increased laboratory monitoring and reducing venetoclass starting dose.

Abnomelity	Dose modification and management				
Hyperkalaenia					
Potassiummae than crequal to 05mma/l	Hold venetodax until resolution Recheck				
increase fromprior value (and within upper	calcium, creatinine, phosphate, potassium				
i mitoframal (ULN)	and uic acid in 1 hour. If further 0.2 mmd/				
	osdese isse in populisigan do an ECG and				
	consider calcium glucorate and calcium				
	resoniuminline with local hyperkalaemia				
	policy. Continue to manitor for TLS every 2				
	hous Resume protocol testing if change in				
	potassiumis less than 0,2mm0/ and no				
	otherevidence of TLS resume venetoclax				
Potasssiummae tranUIN but less than	Hold venetoclax until resolution Do an ECG				
60mmM	and consider calcium gluconate and				
	calcium escrium in line with local				
	hyperkalaemia policy. Recheckcalcium				
	creatinine, phosphate, potassium and uic				
	acid in 1 hour: If potassiumless than ULN				
	continue to nonitor for TLS 2 and 4 hous				
	kater	_			
Potassiumnore than crequal to 60mm0/	Holdfiesetiinlaxuntii resolutisrdRefembrea) a	uxue h			
and/orsymptomatic (e.g. m.scle clamps,	local hyperkalaemia guideline and seek				
veakness, paraesthesia, nausea, vomiting	advice ficmienal team Recheckcalcium				
ar dan hoea)	creatinine, phosphate, potassiumanduric acidevery hou				

Table 1 - Tumourlysis syndrome (ILS) management whilst on venetodax





4 Weu A G et al (2020). Venetoclaxplus IDAC for newly diagnosed AML ineligible for intensive chemotherapy: a phase 3 vandonized placebo controlled trial Blood 2020 June; 135 (24): 2137-2145

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9 Cytaabine 20ng/nf subcutareous bolus.

AdministrationInstruction

Administerinto the thigh or abdomen Rotate injection sites.

Ensue adequate provision is in place to allow administration in the community. Pharmacy if this is to be given in the community please label accordingly.

If this is being given in an out patient setting please record the administration in the patients journal on ARIA.

10 Warring - Checkhydrationstatus

AdministrationInstruction

Patients should be adequately hydrated during the dose titration phase to reduce the risk of ILS. 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 2L 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.

11. Venetoclax 300ng once a day for 1 day oral

Administration Million degi give tion Takkyuiih dugi sitatien food, ora meal Takk Niji chili il gidssvef veter: Q

11t.5t tuid

12 Cytatabire 20ng/n² subcutaneous bolus.

Administration Instruction

Administerinto the thigh or abdomen Rotate injection sites.

Ensue adequate provision is in place to allow administration in the community. Pharmacy if this is to be given in the community please label accordingly.

If this is being given in an out-patient setting please record the administration in the patients journal on ARIA.

13 Walming - Checkhychationstatds

Administration Instruction

Patients should be adequately hydrated during the dose titration phase to reduce the risk of TLS. Patients should be instructed to dirk plenty of water daily starting 2 days before and throughout the dose titration phase. Patients



