Regimen Monograph

Regimen Name | Drug Regimen | Cycle Frequency | Premedication and Supportive Measures | Dose Modifications | Adverse Effects | Interactions | Drug Administration and Special Precautions | Recommended Clinical Monitoring | Administrative Information | References | Other Notes | Disclaimer

A - Regimen Name

CYTA(HD)+QUIZ Regimen

Cytarabine (high-dose)-Quizartinib

Disease Site

Hematologic
Leukemia - Acute Myeloid (AML)

Intent

Curative

Regimen Category

Evidence-informed :

Regimen is considered appropriate as part of the standard care of patients; meaningfully improves outcomes (survival, quality of life), tolerability or costs compared to alternatives (recommended by the Disease Site Team and national consensus body e.g. pan-Canadian Oncology Drug Review, pCODR). Recommendation is based on an appropriately conducted phase III clinical trial relevant to the Canadian context OR (where phase III trials are not feasible) an appropriately sized phase II trial. Regimens where one or more drugs are not approved by Health Canada for any indication will be identified under Rationale and Use.

This **Regimen Abstract** is an **abbreviated** version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.

Rationale and Uses

Consolidation treatment of patients with newly diagnosed acute myeloid leukemia (AML) that is FMS-like tyrosine kinase 3 internal tandem duplication (FLT3-ITD) positive

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B - Drug Regimen

As consolidation therapy:

cytarabine[1]	3000 mg /m²	IV	q12h on Days 1, 3, 5
quizartinib[2]	35.4 mg	PO	Days 6 to 19

(This drug is not currently publicly funded for this regimen and intent)

[1] If patient is **≥60 years of age**, use cytarabine 1500 mg/m^2 q12h on days 1, 3, 5.

[2] As 2 x 17.7 mg quizartinib tablets

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C - Cycle Frequency

REPEAT EVERY 28 DAYS

For up to 4 cycles of consolidation, followed by single agent quizartinib maintenance QUIZ(MNT)

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D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate (Cytarabine)
Minimal – No routine prophylaxis; PRN recommended (quizartinib)

Also refer to CCO Antiemetic Recommendations.

Screen for hepatitis B virus in all cancer patients starting systemic treatment. Refer to the hepatitis B virus screening and management guideline.

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J - Administrative Information

Approximate Patient Visit	0.5 hour (CADD pump connection)
Pharmacy Workload (average time per visit)	21.079 minutes
Nursing Workload (average time per visit)	86.667 minutes

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K - References

Erba HP, Montesinos P, Kim HJ, et al. Quizartinib plus chemotherapy in newly diagnosed patients with FLT3-internal-tandem-duplication-positive acute myeloid leukaemia (QuANTUM-First): a randomised, double-blind, placebo-controlled, phase 3 trial. Lancet 2023 May 13;401(10388):1571-83. doi: 10.1016/S0140-6736(23)00464-6. Epub 2023 Apr 25. Erratum in: Lancet. 2023 Oct 14;402(10410):1328. doi: 10.1016/S0140-6736(23)02235-3.

Product monograph: Vanflyta® (quizartinib). Daiichi Sankyo Pharma Canada Ltd., June 9, 2025.

Reimbursement recommendation: quizartinib (Vanflyta). Canada's Drug Agency, August 2025.

February 2026 new ST-QBP regimen

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M - Disclaimer

Regimen Abstracts

A Regimen Abstract is an abbreviated version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). It is intended for healthcare providers and is to be used for informational purposes only. It is not intended to constitute or be a substitute for medical advice, and all uses of the Regimen Abstract are subject to clinical judgment. Such information is provided on an "as-is" basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information's quality, accuracy, currency, completeness, or reliability, and Cancer Care Ontario disclaims all liability for the use of this information, and for any claims, actions, demands or suits that arise from such use.

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Regimen Monographs

Refer to the New Drug Funding Program or Ontario Public Drug Programs websites for the most up-to-date public funding information.

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