

Regimen Monograph

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A - Regimen Name

QUIZ(MNT) Regimen

Quizartinib (maintenance)

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 Maintenance monotherapy for patients with newly diagnosed acute myeloid leukemia (AML) that is FMS-like tyrosine kinase 3 internal tandem duplication (FLT3-ITD) positive, after completion of combination with chemotherapy.

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B - Drug Regimen

As maintenance therapy

Starting dose (for 2 weeks, if QTcF $\leq$ 450 ms):

quizartinib	26.5 mg	PO	Daily, Days 1 to 14
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(This drug is not currently publicly funded for this regimen and intent)

After 2 weeks of treatment, if QTcF $\leq$ 450 ms, increase dose to:

quizartinib¹	53 mg	PO	Daily
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(This drug is not currently publicly funded for this regimen and intent)

¹ As 2 x 26.5 mg quizartinib tablets

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C - Cycle Frequency**CONTINUOUS TREATMENT**

For up to 36 months of maintenance treatment (144 weeks), unless disease progression or unacceptable toxicity

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D - Premedication and Supportive Measures

Antiemetic Regimen: Minimal – No routine prophylaxis; PRN recommended

Also refer to [CCO Antiemetic Recommendations](#).

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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

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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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The format and content of the drug monographs, regimen monographs, appendices and symptom management

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