

Regimen Monograph

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A - Regimen Name

VEMU Regimen

Vemurafenib

Disease Site Hematologic
Leukemia - Hairy Cell

Intent Palliative

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 For the treatment of patients with hairy cell leukemia, who had relapse after treatment with a purine analogue or who had disease that was refractory to purine analogues

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B - Drug Regimen[vemURAFenib](#)

960 mg

PO

BID

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

[back to top](#)**C - Cycle Frequency****CONTINUOUS TREATMENT**

For 8 to 12 weeks, followed by evaluation of response

Discontinue treatment in patients with complete remission.

Patients with residual disease could continue vemurafenib for up to 8 to 12 additional weeks.

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Antiemetic Regimen: Minimal – No routine prophylaxis; PRN recommended

- 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.

Other Supportive Care:

- Patients should be advised to avoid sun exposure and use sunscreen.

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Outpatient prescription for home administration

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K - References

Tiacci E, Park JH, De Carolis L, et al. Targeting mutant BRAF in relapsed or refractory hairy-cell leukemia. *N Engl J Med* 2015 Oct 29;373(18):1733-47.

Vemurafenib drug monograph, Ontario Health (Cancer Care Ontario).

August 2023 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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that original references or product monograph be consulted prior to using a chemotherapy regimen for the first time.

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