

Regimen Monograph

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A - Regimen Name

# VENE+OBIN Regimen

Venetoclax-Obinutuzumab

**Disease Site** Hematologic  
Leukemia - Chronic Lymphocytic (CLL)

**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 previously untreated CLL in patients who are ineligible for fludarabine-based regimens, require treatment, and have good performance status

**Supplementary Public Funding** [oBINutuzumab](#)  
 New Drug Funding Program (Obinutuzumab - in Combination with Venetoclax for Previously Untreated Chronic Lymphocytic Leukemia) ([NDFP Website](#))

[venetoclax](#)  
 Exceptional Access Program (venetoclax - in Combination with Obinutuzumab for Previously Untreated Chronic Lymphocytic Leukemia) ([EAP Website](#))

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**B - Drug Regimen**

**Cycle 1:**

[oBINutuzumab](#) 1000 mg IV Days 1\*, 8, 15

\*Dose may be split over 2 days (100 mg IV on day 1, then 900 mg IV on day 2)

[venetoclax](#)<sup>1</sup> 20 mg PO Days 22 to 28

<sup>1</sup> Week 1 of venetoclax ramp-up period starts on cycle 1, day 22 and continues for 5 weeks (throughout cycle 2).

**Cycle 2:**

[oBINutuzumab](#) 1000 mg IV Day 1

[venetoclax](#)<sup>2</sup> 50 mg PO Days 1 to 7

[venetoclax](#) 100 mg PO Days 8 to 14

[venetoclax](#) 200 mg PO Days 15 to 21

[venetoclax](#) 400 mg PO Days 22 to 28

<sup>2</sup> Weeks 2 to 5 of venetoclax ramp-up occurs during cycle 2.

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**Cycles 3 to 6:**

<a href="#">oBINutuzumab</a>	1000 mg	IV	Day 1
<a href="#">venetoclax</a> <sup>3</sup>	400 mg	PO	Days 1 to 28

<sup>3</sup> Start of venetoclax maintenance dose

**Cycles 7 to 12 (24 weeks):**

<a href="#">venetoclax</a>	400 mg	PO	Daily
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**C - Cycle Frequency**

**oBINutuzumab:** REPEAT EVERY 28 DAYS for a usual total of 6 cycles, unless disease progression or unacceptable toxicity occurs.

**venetoclax:** CONTINUOUS treatment for a usual total of 12 cycles (starting on cycle 1 day 22), unless disease progression or unacceptable toxicity occurs.

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**D - Premedication and Supportive Measures**

**Antiemetic Regimen:** Minimal

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**J - Administrative Information**

**Venetoclax:** Outpatient prescription for home administration

**Obinutuzumab:**

Approximate Patient Visit	4 hours
Pharmacy Workload (average time per visit)	18.249 minutes
Nursing Workload (average time per visit)	74.833 minutes

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**K - References**

Fischer K, Al-Sawaf O, Bahlo J, et al. Venetoclax and obinutuzumab in patients with CLL and coexisting conditions. N Engl J Med 2019;380:2225-36.

Obinutuzumab and venetoclax drug monographs. Ontario Health (Cancer Care Ontario).

**June 2023** Added descriptions for venetoclax ramp-up in Drug regimen section

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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**

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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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