Royal Devon University Healthcare NHS Foundation Trust

# Title: Patients with AML & CLL Leukaemia

Reference Number: RDF1255-23
Date of Response: 23/02/23

Further to your Freedom of Information Act request, please find the Trust's response(s) below:

*Please see below a Freedom of Information request. Please answer the questions with regards to NHS patients, i.e., excluding patients that receive treatment as part of clinical trials or private healthcare.*

## ***Patients with acute myeloid leukaemia (AML)***

1. *How many patients have received treatment with venetoclax for AML during the past 24 months? Note: please provide data for the most recent 24-month period available via your prescribing/management system.*
   Answer: 23.

2. *What is the average daily dose (mg) for AML patients receiving venetoclax during the past 24 months?*
   Answer: 100mg.

3. *What is the average cycle intensity (days) for AML patients receiving venetoclax during the past 24 months? (e.g., 14-day cycles, 21-day cycles, other length of cycle)*
   Answer: 28 days.

4. *What is the average duration of treatment (months) for AML patients receiving venetoclax during the past 24 months?*
   Answer: 4.

## ***Patients with chronic lymphocytic leukaemia (CLL)***

5. *Please complete the table below based on the number of patients that have received venetoclax in each of the specified regimens for CLL in the last 24 months. Note: please provide data for the most recent 24-month period available via your prescribing/management system.*
   Answer: Please see table overleaf.

| | Treatment regimens | | |
|---|---|---|---|
| | ***Venetoclax + obinutuzumab*** | ***Venetoclax + rituximab*** | ***Venetoclax monotherapy*** |
| ***Total number of CLL patients receiving this treatment regimen during the past 24 months*** | 12 | 22 | 6 |
| ***Average daily maintenance dose (mg) of venetoclax for patients initiated on this regimen during the past 24 months**** | 400mg | 400mg | 400mg |
| ***Average duration (months) of venetoclax treatment for patients initiated on this regimen during the past 24 months*** | 3 | 15 | 23 |

**We would like to understand the average daily dose of venetoclax in CLL patients during maintenance treatment i.e. after the initial 8-week period during which patients would be receiving a titration regimen.*

## ***Patients with acute myeloid leukaemia (AML) or chronic lymphocytic leukaemia (CLL)***

6. *Please complete the table below with the average number of venetoclax 10 mg x 14 tablet packs† used per AML or CLL patient receiving each of the specified regimens during the past 24 months.*
   Answer:

| | ***AML treatment regimen*** | | | |
|---|---|---|---|---|
| | ***Venetoclax +*** | ***Venetoclax + obinutuzumab*** | ***Venetoclax + rituximab*** | ***Venetoclax monotherapy*** |
| ***Average number of venetoclax 10 mg x 14 tablet packs used per patient in each treatment regimen during the past 24 months*** | Nil | 1 | 1 | 1 |

*†Note: There are five different pack sizes of venetoclax available in the UK:*

- *Pack 1: venetoclax 10 mg x 14 tablets*
- *Pack 2: venetoclax 50 mg x 7 tablets*
- *Pack 3: venetoclax 100 mg x 7 tablets*
- *Pack 4: venetoclax 100 mg x 14 tablets*
- *Pack 5: venetoclax 100 mg x 112 tablets*

7. *Please can you share your prescribing protocol(s) for venetoclax in AML and CLL?*
   Answer: Please see below.

   **AML –**
   Venetoclax with Low Dose Cytarabine as disease control treatment for patients with AML. If VEN can be accessed through local or NHSE approval this should be considered for the following patients:
   Any non-CBF patient aged >60y or with significant comorbidities
   Patients with an NPM1 or IDH2 mutation aged >50y or with comorbidities
   Patients with the NPM1mut FLT3 ITDneg genotype of any age (but particularly those aged >50y or with comorbidity).

Venetolax 100mg PO OD on day 1, 200mg PO OD on day 2, 300mg PO OD on day 3 and then 100mg PO OD on days 4 to 28 - Cycle 1 only.
(Venetolax 100mg PO OD on days 1 to 28 - On cycles 2 onwards).
Cytarabine 20mg/m² SC ONCE a day on days 1 to 10.
Cycle frequency - 28 days until progression. Consider a bone marrow on day 21 and if blast clearance, cease venetoclax to end of cycle 1.

Venetoclax with Azacitidine for the first line treatment of Acute Myeloid Leukaemia.

Azacitidine 75mg/m² SC on days 1 to 5 and days 8 & 9 (Dose in excess of 100mg/4ml will be divided and presented in separate syringes).
Venetoclax 100mg PO OD on day 1.
Venetoclax 200mg PO OD on day 2.
Venetoclax 400mg PO OD on day 3.
Venetoclax 100mg PO OD on days 4 to 28.

Cycle Frequency - 28 day. Treat for a minimum of 6 cycles. There is no maximum number of cycles; continue as long as the patient continues to benefit, or until disease progression, or inacceptable toxicity. Responding patients continue treatment until response is lost. When patients become cytopenic after response, this is usually due to either a hypocellular marrow (drug toxicity) or recurrent disease.

**CML –**
Venetoclax-Rituximab for the treatment of patients with relapsed or refractory Chronic Lymphatic Leukaemia who have been previously treated and are either negative for 17p deletion and TP53 mutation if tested or the patient is positive for 17p deletion or TP53 mutation
Wk 1
Allopurinol 300mg PO OD - To be taken DAILY starting 3 days before Ist dose of Venetoclax. To be omitted on day of Rasburicase.
Venetoclax 20mg PO OD on days 1 to 7.
Rasburicase 3mg IVF in Sodium Chloride 0.9% over 30 minutes on day 1
Wk 2.
Allopurinol 300mg PO OD - To be taken DAILY. To be omitted on day of Rasburicase.
Venetoclax 50mg PO OD on days 1 to 7
Rasburicase 3mg IVF in Sodium Chloride 0.9% over 30 minutes on day 1
Wk 3.
Allopurinol 300mg PO OD - To be taken DAILY. To be omitted on day of Rasburicase.
Venetoclax 100mg PO OD on days 1 to 7.
Rasburicase 3mg IVF in Sodium Chloride 0.9% over 30 minutes on day 1
Wk 4.
Allopurinol 300mg PO OD - To be taken DAILY. To be omitted on day of Rasburicase.
Venetoclax 200mg PO OD on days 1 to 7.
Rasburicase 3mg IVF in Sodium Chloride 0.9% over 30 minutes on day 1
Wk 5.
Allopurinol 300mg PO OD - To be taken DAILY. To be omitted on day of Rasburicase.
Venetoclax 400mg PO OD on days 1 to 7.

Rasburicase 3mg IVF in Sodium Chloride 0.9% over 30 minutes on day 1.

Cycle frequency - Weekly dose escalation for the 1st 5 weeks followed by Rituximab with Venetoclax on a 28 day cycle for 6 cycles and then maintenance Venetoclax for a total of 24 months from cycle 1 day 1 of Rituximab or until disease progression or unacceptable toxicity.

Then

Venetoclax 400mg PO OD on days 1 to 28
Rituximab 375mg/m² Intravenous Infusion in Sodium Chloride 0.9% 500ml (variable infusion rates).

Cycle frequency - Rituximab with Venetoclax on a 28 day cycle for 6 cycles and then maintenance Venetoclax for a total of 24 months from cycle 1 day 1 of Rituximab or until disease progression or unacceptable toxicity, following Weekly Venetoclax dose escalation for the 1st 5 weeks.

Then

Venetoclax 400mg PO OD on days 1 to 28.

Cycle frequency - 28 Days - Maintenance Venetoclax for a total of 24 months from cycle 1 day 1 of Rituximab or until disease progression or unacceptable toxicity following Weekly dose escalation for the 1st 5 weeks followed by Rituximab with Venetoclax on a 28 day cycle for 6 cycles.

Venetoclax and Obinutuzumab for the First line treatment of adult patients with previously untreated chronic lymphocytic leukaemia (CLL) or Small Lympocytic Lymphoma (SLL):
In the presence of 17p deletion or TP53 mutation (NICE TA663- BLUETEQ required). OR In the absence of 17p deletion or TP53 mutation in adult patients for whom Fludarabine, Cyclophosphamide and Rituximab (FCR), or Bendamustine plus Rituximab (BR), is unsuitable (NICE TA663- BLUETEQ required). OR In the absence of 17p deletion or TP53 mutation in adult patients for whom FCR or BR is suitable (Cancer Drug Fund NICE TA663- BLUETEQ required).
(Note: There are 3 different BLUETEQ forms for the 3 options above).

Cycle 1

Obinutuzumab 100mg Intravenous Infusion in 100ml Sodium Chloride 0.9% at a rate of 25mg/hr over 4 hours on day 1.
Obinutuzumab 900mg Intravenous Infusion in 250ml Sodium Chloride 0.9% at a rate of 50mg/hr (if no IRR on previous infusion) the rate may be escalated in increments of 50mg/hr every 30 minutes to a maximum rate of 400mg/hr on day 2.
Obinutuzumab 1000mg Intravenous Infusion in 250ml Sodium Chloride 0.9% at a rate 100mg/hr (if no IRR on previous infusions) the rate may be escalated in increments of 100mg/hr every 30 minutes to a maximum rate of 400mg/hr on day 8.
Obinutuzumab 1000mg Intravenous Infusion in 250ml Sodium Chloride 0.9% at a rate 100mg/hr (if no IRR on previous infusions) the rate may be escalated

in increments of 100mg/hr every 30 minutes to a maximum rate of 400mg/hr on day 15.
Venetoclax 20mg PO OD on days 22 to 28.

Cycle 2

Obinutuzumab 1000mg Intravenous Infusion in 250ml Sodium Chloride 0.9% at a rate 100mg/hr (if no IRR on previous infusions) the rate may be escalated in increments of 100mg/hr every 30 minutes to a maximum rate of 400mg/hr on day 1.
Venetoclax 50mg PO OD on days 1 to 7.
Venetoclax 100mg PO OD on days 8 to 14.
Venetoclax 200mg PO OD on days 15 to 21.
Venetoclax 400mg PO OD on day 22 onwards.

Cycles 3 to 6

Obinutuzumab 1000mg Intravenous Infusion in 250ml Sodium Chloride 0.9% at a rate 100mg/hr (if no IRR on previous infusions) the rate may be escalated in increments of 100mg/hr every 30 minutes to a maximum rate of 400mg/hr on day 1.
Venetoclax 400mg PO OD on days 1 to 28.

Cycles 7 to 12

Venetoclax 400mg PO OD on days 1 to 28.

Cycle frequency - 28 day cycle for 1 cycle followed by Obinutuzumab on day 1 and escalation of Venetoclax on days 1, 8, 15 and 22, followed by Obinutuzumab on day 1 and continuous Venetoclax on cycles 3 to 6 and followed by continuous Venetoclax on cycles 7 to 12.

Venetoclax for the treatment of patients with progressive CLL in the absence of 17p deletion (and TP53 mutation if tested) on or after treatement with a B cell receptor pathway or PI3K inhibitor (or have a contraindication to recieving both.
Venetoclax for the treatment of patients with relapsed CLL in the presence of 17p deletion or TP53 mutation after treatement with a B cell receptor pathway or PI3K inhibitor (or have a contraindication to recieving both.

Wk 1 - Venetoclax 20mg PO OD on days 1 to 7
Wk 2 - Venetoclax 50mg PO OD on days 1 to 7
Wk 3 - Venetoclax 100mg PO OD on days 1 to 7
Wk 4 - Venetoclax 200mg PO OD on days 1 to 7
Wk 5 - Venetoclax 400mg PO OD on days 1 to 7
Wk >5 - Venetoclax 400mg PO OD on days 1 to 28

Cycle frequency - Weekly dose escalation for the 1st 5 weeks followed by 28 day cycle until disease progression or unacceptable toxicity.