Note to affiliates: This dosing tool is based on the recently approved (June 2021) EU CLL SmPC inclusive of the TLS dose initiation updates and the approved AML SmPC.

STARTING PATIENTS ON **VENCLYXTO®**

venetoclax film coated tablets

AML ▸

CLL ▸

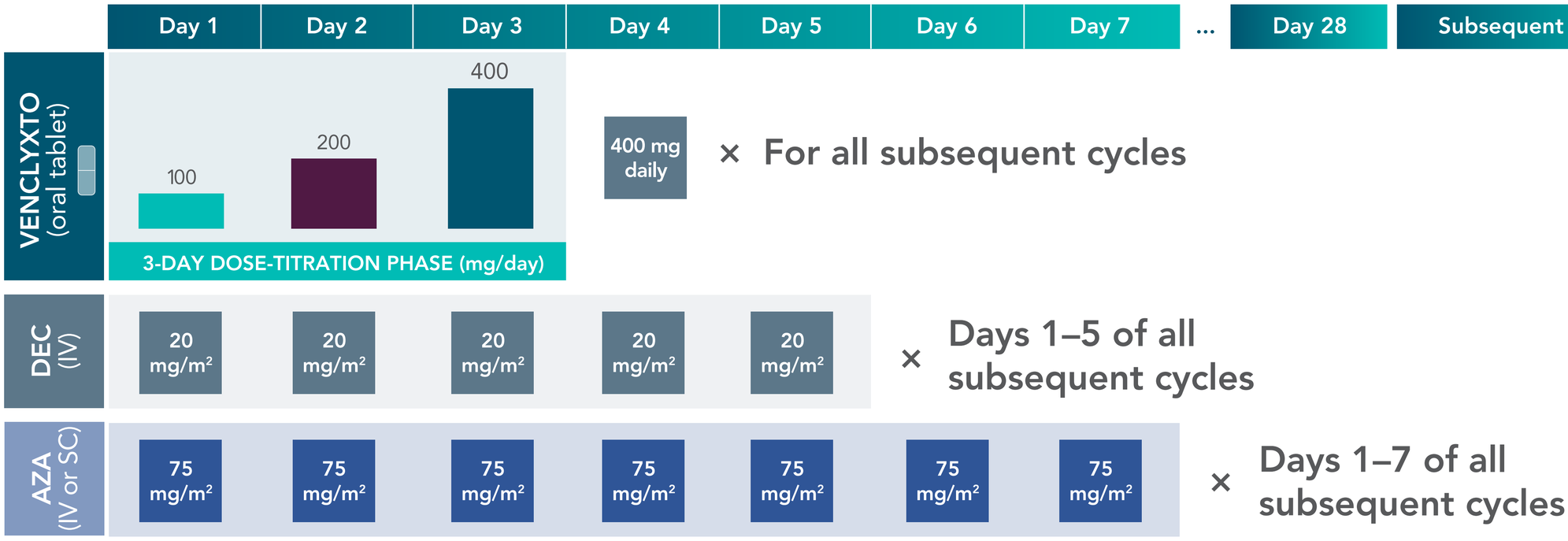
[Placeholder for indication statement, based on affiliate local label]

AML=acute myeloid leukemia; CLL=chronic lymphocytic leukemia.

Please see the VENCLYXTO (venetoclax) Summary of Product Characteristics for full safety information.

abbvie

Rapid dose ramp-up safely attains the recommended daily dose[1]



Graphic not to scale.
Each cycle is 28 days.

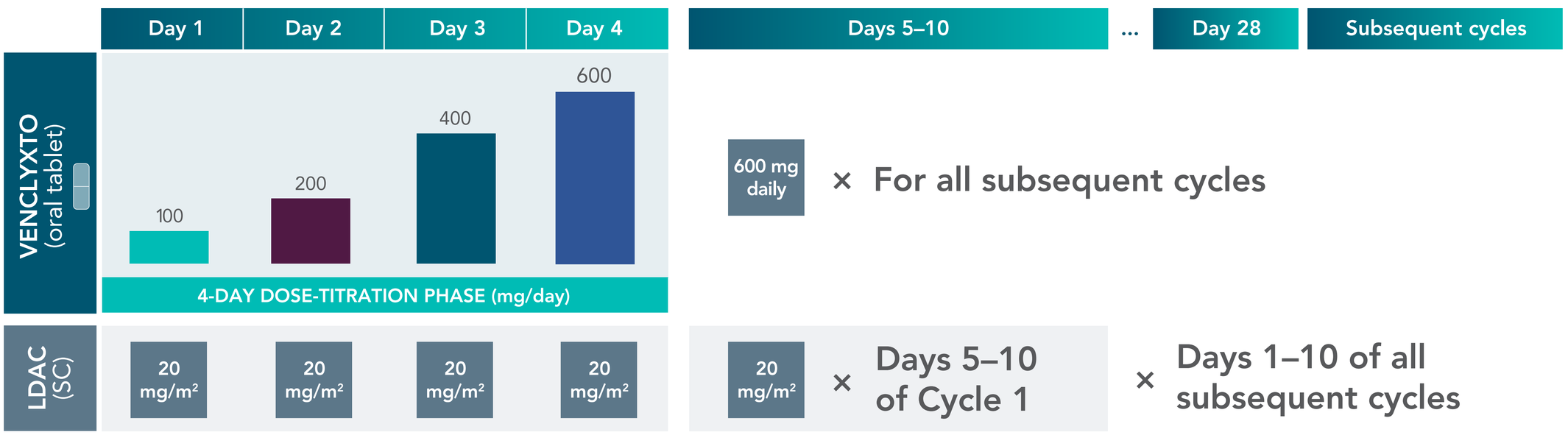
VENCLYXTO in combination with azacitidine (AZA) or decitabine (DEC)[1]

- The dose of VENCLYXTO depends upon the combination agent. When used in combination with AZA or DEC, the VENCLYXTO dose is 400 mg/day
- The VENCLYXTO dosing schedule (including dose titration) is shown in the image above. Initiate AZA or DEC on Day 1
- Continue VENCLYXTO, in combination with AZA or DEC, until disease progression or unacceptable toxicity is observed

IV=intravenous; SC=subcutaneous.

Please see the VENCLYXTO (venetoclax) Summary of Product Characteristics for full safety information.

Rapid dose ramp-up safely attains the recommended daily dose[2]



Graphic not to scale.
Each cycle is 28 days.

VENCLYXTO in combination with low-dose cytarabine (LDAC)[2]

- The dose of VENCLYXTO depends upon the combination agent. When used in combination with LDAC, the VENCLYXTO dose is 600 mg/day
- The VENCLYXTO dosing schedule (including dose titration) is shown in the image above. Initiate LDAC on Day 1
- Continue VENCLYXTO, in combination with LDAC, until disease progression or unacceptable toxicity is observed

Recommendations for the management of haematologic adverse reactions[1]*

- Dose interruptions may help patients stay on therapy when managing cytopaenias
- Patients were assessed for remission by conducting a bone marrow test at the end of Cycle 1 and during treatment as needed

Haematologic Adverse Reactions		
Adverse Reaction	**Occurrence**	**Dosage Modification**
Grade 4 neutropaenia (ANC < 500/microlitre) with or without fever or infection; or grade 4 thrombocytopenia (platelet count <25 × 10^3/microlitre)	Occurrence prior to achieving remission†	In most instances, do not interrupt venetoclax in combination with azacitidine or decitabine due to cytopenias prior to achieving remission.
	First occurrence after achieving remission and lasting at least 7 days	Delay subsequent cycle of venetoclax in combination with azacitidine or decitabine and monitor blood counts. Administer G-CSF if clinically indicated for neutropenia. Upon resolution to grade 1 or 2, resume venetoclax at the same dose in combination with azacitidine or decitabine.
	Subsequent occurrences in cycles after achieving remission and lasting 7 days or longer	Delay subsequent cycle of venetoclax in combination with azacitidine or decitabine and monitor blood counts. Administer G-CSF if clinically indicated for neutropenia. Upon resolution to grade 1 or 2, resume venetoclax at the same dose in combination with azacitidine or decitabine, and reduce venetoclax duration by 7 days during each of the subsequent cycles, such as 21 days instead of 28 days. Refer to the azacitidine prescribing information for additional information.

*Grade 4 neutropaenia (ANC <500/μL) with or without fever or infection; or Grade 4 thrombocytopaenia (platelet count <25,000/μL).
†Consider bone marrow evaluation.
G-CSF=granulocyte colony-stimulating factor; ANC=absolute neutrophil count.

Please see the VENCLYXTO (venetoclax) Summary of Product Characteristics for full safety information.

Dose modifications for concomitant use with strong or moderate CYP3A inhibitors and inducers, P-gp inhibitors, and BCRP inhibitors for AML[1]

- The following table describes VENCLYXTO dose modification based on concomitant use with a strong or moderate CYP3A inhibitor or inducer, a P-gp inhibitor, or a BCRP inhibitor at initiation of, during, or after the dose-titration phase
- Monitor patients closely for signs of toxicities that may require further dose adjustments
- Resume the VENCLYXTO dose that was used prior to concomitant use of a strong or moderate CYP3A inhibitor 2 to 3 days after discontinuation of the CYP3A inhibitor

Management of potential VENCLYXTO interactions with CYP3A, P-gp, and BCRP inhibitors and CYP3A inducers

Inhibitor/Inducer	Initiation and dose-titration phase	Steady daily dose (after dose-titration phase)
Strong CYP3A inhibitor (eg, itraconazole, ketoconazole, posaconazole, voriconazole, clarithromycin, ritonavir)	Day 1 – 10 mg Day 2 – 20 mg Day 3 – 50 mg Day 4 – 100 mg or less	Reduce the VENCLYXTO dose to 100 mg or less (or by at least 75% if already modified for other reasons)
Moderate CYP3A inhibitor (eg, ciprofloxacin, diltiazem, erythromycin, fluconazole, verapamil)	Reduce the VENCLYXTO dose by at least 50%	
P-gp inhibitor and BCRP inhibitor	Should be avoided; however, if must be used, patients should be monitored closely for signs of toxicities	
Strong CYP3A inducer (eg, carbamazepine, phenytoin, rifampin)	Should be avoided	
Moderate CYP3A inducer (eg, bosentan, efavirenz, etravirine, modafinil, nafcillin)	Should be avoided	

CYP3A=cytochrome P450 3A; P-gp=P-glycoprotein; BCRP=breast cancer resistance protein.

Please see the VENCLYXTO (venetoclax) Summary of Product Characteristics for full safety information.

Considerations and recommendations for the management of TLS[1]

Prophylaxis measures

Prior to initiation	During ramp-up period and after reaching recommended dose
• All patients should have a WBC count <25 × 10^9/L prior to initiation of VENCLYXTO • Cytoreduction prior to treatment may be required • All patients should be adequately hydrated and receive anti-hyperuricaemic agents prior to initiation of first dose of VENCLYXTO • Monitor blood chemistries for TLS at pre-dose • Assess blood chemistry (potassium, uric acid, phosphorus, calcium, and creatinine) and correct pre-existing abnormalities prior to initiation of treatment with VENCLYXTO	• Monitor blood chemistries for TLS at 6 to 8 hours after each new dose during titration and 24 hours after reaching final dose • All patients should be adequately hydrated and receive anti-hyperuricaemic agents during the dose-titration phase • Consider additional measures, including increasing laboratory monitoring and reducing VENCLYXTO starting dose for patients with risk factors for TLS, eg: – Circulating blasts – High burden of leukaemia involvement in bone marrow – Elevated pretreatment LDH levels – Reduced renal function

WBC=white blood cell; TLS=tumour lysis syndrome; LDH=lactate dehydrogenase.

Please see the VENCLYXTO (venetoclax) Summary of Product Characteristics for full safety information.

Advise patients that[1]:

This medicine has been prescribed for the patient only, and the patient should not pass it on to others. It may harm others, even if their signs of illness are the same as the patient's. If patients develop any side effects, they should inform their doctor, pharmacist, or nurse

Patients need to stay well hydrated when taking VENCLYXTO, especially when they start treatment and the dose is increased. Drinking water or giving lots of fluids into the vein will help to remove cancer cell–breakdown products from their blood through their urine

During the first days of treatment as the dose is rapidly increased over 3–4 days, patients should take the tablets in the morning to help them follow up with blood tests, if needed

Patients are to take VENCLYXTO orally once daily with a meal and water at approximately the same time each day

Patients should swallow the VENCLYXTO tablets whole. The tablets should not be chewed, crushed, or broken before swallowing

Patients should not eat grapefruit products, Seville oranges (bitter oranges), or starfruit (carambola) during treatment with VENCLYXTO. This includes eating them, drinking their juice, or taking a supplement that might contain them. This is because consuming these products can increase the amount of VENCLYXTO in the blood

Please see the VENCLYXTO (venetoclax) Summary of Product Characteristics for full safety information.

In case of a missed dose, advise patients as follows[1]:

If a patient misses a dose within 8 hours from the time it is usually taken:

The patient should take the missed dose as soon as possible on the same day.

If a patient misses a dose by more than 8 hours:

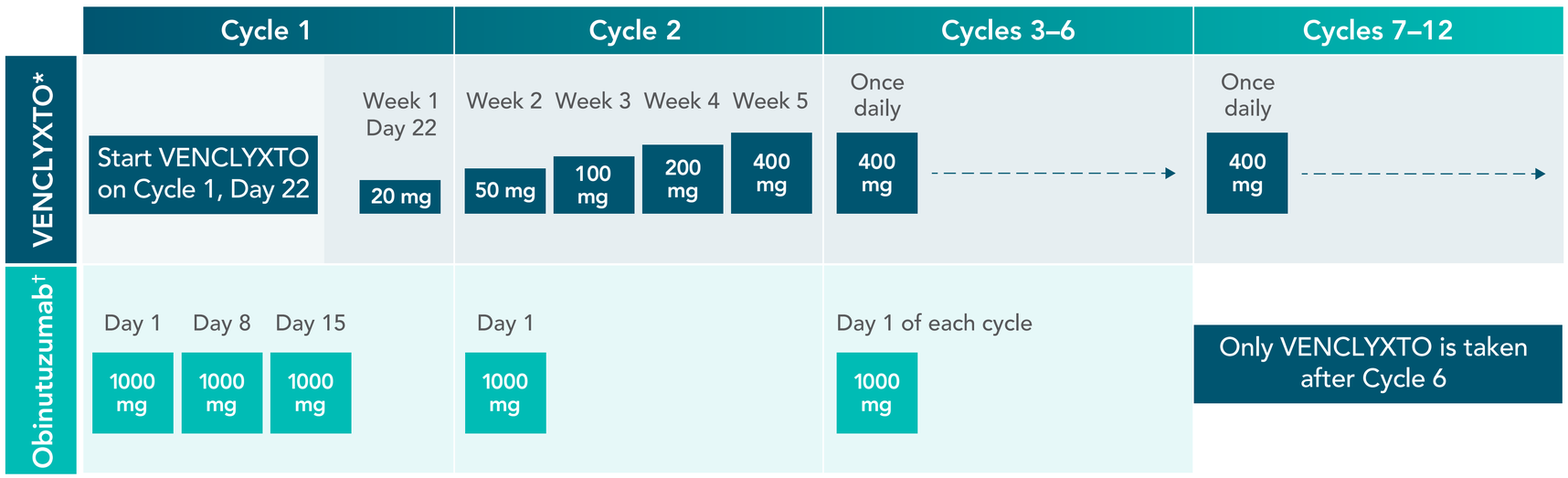
The patient should not take the missed dose and should resume the usual dosing schedule the following day.

If a patient vomits following dosing:

No additional dose should be taken that day. The next prescribed dose should be taken at the usual time the following day.

1L CLL: VENCLYXTO + obinutuzumab is designed to be completed in 1 year[1]

Dosing recommendations for drug interactions should be followed to prevent and reduce the risk of TLS (see Dose Modifications)



The 5-week VENCLYXTO dose-titration starting on Cycle 1, Day 22 was designed to gradually reduce tumour burden (debulk) and decrease the risk of TLS.

TLS PREVENTION ▶

INSTRUCTIONS FOR TAKING VEN ▶

*Oral tablet.
†Administer intravenously.
Each cycle is 28 days.

Obinutuzumab:

- Administer obinutuzumab 100 mg on Cycle 1, Day 1, followed by 900 mg, which may be administered on Day 1 or Day 2
- Administer obinutuzumab 1000 mg on Days 8 and 15 of Cycle 1 and on Day 1 of each subsequent 28-day cycle, for a total of 6 cycles

VENCLYXTO:

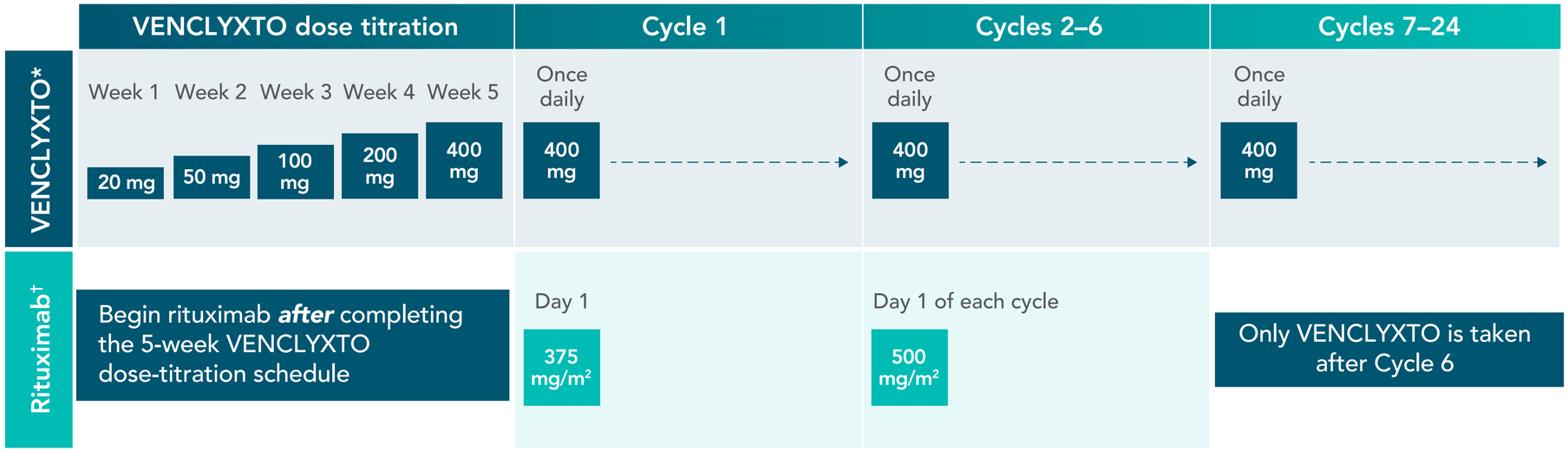
- On Cycle 1, Day 22, start VENCLYXTO according to the 5-week dose-titration schedule
- The VENCLYXTO starting dose is 20 mg once daily for 7 days, increasing weekly to 50 mg, 100 mg, 200 mg, and finally 400 mg, once daily
- After completing the dose-titration schedule on Cycle 2, Day 28, patients should continue VENCLYXTO 400 mg once daily from Cycle 3, Day 1 until the last day of Cycle 12

Concomitant use of VENCLYXTO with strong or moderate CYP3A inhibitors increases VENCLYXTO exposure and may increase the risk for TLS at initiation and during the dose-titration phase. Inhibitors of P-gp or BCRP may also increase VENCLYXTO exposure.

1L=first line.

Please see the VENCLYXTO (venetoclax) Summary of Product Characteristics for full safety information.

2L+ CLL: VENCLYXTO + rituximab is designed to be completed in 2 years[1]



The initial 5-week dose-titration schedule was designed to gradually reduce tumour burden and decrease the risk of TLS.

TLS PREVENTION ▶

INSTRUCTIONS FOR TAKING VEN ▶

*Oral tablet.
†Administer intravenously.
Each cycle is 28 days.

VENCLYXTO:

- The VENCLYXTO starting dose is 20 mg once daily for 7 days, increasing weekly to 50 mg, 100 mg, 200 mg, and finally 400 mg, once daily
- After the titration phase, VENCLYXTO should be taken at the recommended daily dose for 24 months

Rituximab:

- Start rituximab 375 mg/m^2 after the patient has received the 400-mg dose of VENCLYXTO for 7 days
- Administer rituximab 500 mg/m^2 on Day 1 of each subsequent cycle, for a total of 6 cycles

Concomitant use of VENCLYXTO with strong or moderate CYP3A inhibitors increases VENCLYXTO exposure and may increase the risk for TLS at initiation and during the dose-titration phase. Inhibitors of P-gp or BCRP may also increase VENCLYXTO exposure.

Note: VENCLYXTO monotherapy is indicated for the treatment of CLL. The recommended dose of VENCLYXTO is 400 mg once daily. Treatment is continued until disease progression or no longer tolerated by the patient.

2L+=second line + later lines of therapy.

Please see the VENCLYXTO (venetoclax) Summary of Product Characteristics for full safety information.

Modifications for toxicities[1]

- Patients treated with VENCLYXTO may develop TLS. Risk assessment, prophylactic measures, dose-titration schedule, laboratory monitoring, and drug interactions should be followed to prevent and reduce the risk of TLS
- Dose interruption for TLS and/or other toxicities may be required

TLS

- **Blood chemistry changes or symptoms suggestive of TLS**

→ Withhold the next day's dose → Resolved within 24 to 48 hours of last dose?

- Y → Resume VENCLYXTO at same dose
- N → For any blood chemistry changes requiring more than 48 hours to resolve or any events of clinical TLS, resume VENCLYXTO at reduced dose **(see dose-reduction guidelines)**.

Nonhaematologic toxicities

- **Grade 3 or 4 nonhaematologic toxicities**

→ Interrupt VENCLYXTO **(see dose-reduction guidelines)** → First occurrence?

- Y → Once the toxicity has resolved to Grade 1 or baseline level, resume VENCLYXTO at the same dose.
- N → After resolution of the toxicity, resume VENCLYXTO at reduced dose **(see dose-reduction guidelines)**. A larger dose reduction may occur at the discretion of the physician.

Haematologic toxicities

- **Grade 3 neutropaenia with infection or fever; or**
- **Grade 4 haematologic toxicities (except lymphopaenia)**

→ Interrupt VENCLYXTO **(see dose-reduction guidelines)** → First occurrence?

- Y → Once the toxicity has resolved to Grade 1 or baseline level, therapy may be resumed at the same dose.
- N → After resolution of the toxicity, resume VENCLYXTO at reduced dose **(see dose-reduction guidelines)**. A larger dose reduction may occur at the discretion of the physician.

Dose modification for TLS and other toxicities ▸

Reassessing TLS risk after dose interruption ▸

Please see the VENCLYXTO (venetoclax) Summary of Product Characteristics for full safety information.

Modifications for toxicities[1]

- Patients treated with VENCLYXTO may develop TLS. Risk assessment, prophylactic measures, dose-titration schedule, laboratory monitoring, and drug interactions should be followed to prevent and reduce the risk of TLS
- Dose interruption and/or dose reduction for toxicities may be required

TLS

- **Blood c… change… suggest…**

Nonha… to…

- **Grade 3… nonhae… toxicitie…**

Haem… to…

- **Grade 3 neutropaenia with infection or fever; or**
- **Grade 4 haematologic toxicities (except lymphopaenia)**

Interrupt VENCLYXTO **(see dose-reduction guidelines)** → First occurrence?

Y → Resume VENCLYXTO at same dose

…n 48 hours …CLYXTO at …level, …at …larger …hysician.

N → After resolution of the toxicity, resume VENCLYXTO at reduced dose **(see dose-reduction guidelines)**. A larger dose reduction may occur at the discretion of the physician.

Dose modification for TLS and other toxicities[1]

Dose at interruption	400 mg	300 mg	200 mg	100 mg	50 mg	20 mg
Restart dose*†	300 mg	200 mg	100 mg	50 mg	20 mg	10 mg

*The modified dose should be continued for 1 week before increasing the dose.

†Consider discontinuation in patients who require dose reductions to <100 mg for more than 2 weeks.

…level, therapy may be resumed at the same dose.

Dose modification for TLS and other toxicities ▸

Reassessing TLS risk after dose interruption ▸

Please see the VENCLYXTO (venetoclax) Summary of Product Characteristics for full safety information.

Modifications for toxicities[1]

- Patients treated with VENCLYXTO may develop TLS. Risk assessment, prophylactic measures, dose-titration schedule, laboratory monitoring, and drug interactions should be followed to prevent and reduce the risk of TLS
- Dose interruption and/or dose reduction for toxicities may be required

TLS

- **Blood c… change… suggest…**

Nonha… to…

- **Grade 3… nonhae… toxicitie…**

Haem… to…

- **Grade 3 neutropaenia with infection or fever; or**
- **Grade 4 haematologic toxicities (except lymphopaenia)**

→ Interrupt VENCLYXTO **(see dose-reduction guidelines)** → First occurrence?

Y → Resume VENCLYXTO at same dose

…n 48 hours …CLYXTO at …level, …at …larger …hysician.

…level, therapy may be resumed at the same dose.

N → After resolution of the toxicity, resume VENCLYXTO at reduced dose **(see dose-reduction guidelines)**. A larger dose reduction may occur at the discretion of the physician.

Reassessing TLS risk after dose interruption[1]

When did the dosing interruption occur?

- During first 5 weeks of dose-titration phase → If the dose interruption lasted **longer than 1 week** → Reassess TLS risk to determine if restarting at a reduced dose is necessary (eg, all or some levels of the dose titration) **(see dose-reduction guidelines)**
- After completing dose-titration phase → If the dose interruption lasted **longer than 2 weeks** → Reassess TLS risk to determine if restarting at a reduced dose is necessary (eg, all or some levels of the dose titration) **(see dose-reduction guidelines)**

Dose modification for TLS and other toxicities ▸

Reassessing TLS risk after dose interruption ▸

VENCLYXTO dosing recommendations with strong or moderate CYP3A inhibitors or inducers, P-gp inhibitors, and BCRP inhibitors for CLL[1]

Concomitant use of VENCLYXTO with strong CYP3A inhibitors at initiation and during the dose-titration phase is contraindicated in patients with CLL due to the potential for increased risk of TLS and other toxicities.

Management of potential VENCLYXTO interactions with CYP3A, P-gp, and BCRP inhibitors

Coadministered drug	Initiation and titration phase*	Steady daily dose (after titration phase)*
Strong CYP3A inhibitor (eg, itraconazole, ketoconazole, posaconazole, clarithromycin)	Contraindicated	Reduce the VENCLYXTO dose by at least 75%
Moderate CYP3A inhibitor (eg, ciprofloxacin, diltiazem)	Reduce the VENCLYXTO dose by at least 50%	
P-gp inhibitor or BCRP inhibitor (eg, rifampin)	Should be avoided; if a P-gp inhibitor or BCRP inhibitor must be used, monitor closely for signs of toxicities	
Strong CYP3A inducer (eg, carbamazepine, phenytoin, rifampin)	Should be avoided	
Moderate CYP3A inducer (eg, bosentan, efavirenz, etravirine, modafinil, nafcillin)	Should be avoided	

*In patients with CLL, avoid concomitant use of VENCLYXTO with moderate CYP3A inhibitors at initiation and during the dose-titration phase. Consider alternative medications or reduce the VENCLYXTO dose as described.

- Concomitant use of VENCLYXTO with strong or moderate CYP3A inhibitors increases VENCLYXTO exposure and may increase the risk of TLS at initiation and during the dose-titration phase. When VENCLYXTO is used with strong or moderate CYP3A inhibitors, the dose may need to be further adjusted. P-gp inhibitors or BCRP inhibitors may increase VENCLYXTO exposure
- Resume the VENCLYXTO dose that was used prior to concomitant use of a strong or moderate CYP3A inhibitor 2 to 3 days after discontinuation of the CYP3A inhibitor

Dose modifications for use in severe hepatic impairment[1]

- A dose reduction of at least 50% throughout treatment is recommended for patients with severe hepatic impairment; monitor these patients more closely for signs of toxicity

Please see the VENCLYXTO (venetoclax) Summary of Product Characteristics for full safety information.

- TLS, including fatal events and renal failure requiring dialysis, has occurred in patients with CLL, including after a single 20-mg dose of VENCLYXTO in the post-marketing setting
- VENCLYXTO can cause rapid tumour reduction, and thus poses a risk for TLS in the initial 5-week dose-titration phase. Changes in electrolytes consistent with TLS that require prompt management can occur as early as 6 to 8 hours following the first dose of VENCLYXTO and at each dose increase
- To prevent and reduce the risk of TLS, follow the recommendations for risk assessment, prophylactic measures, dose-titration schedule, laboratory monitoring, and drug interactions

ASSESS | ADMINISTER | MONITOR

1 Assess • TLS risk[1]

- Perform tumour burden assessment, including radiographic evaluation (eg, CT scan), for all patients[1]
- Assess patient-specific factors[1]

LOW TUMOUR BURDEN	MEDIUM TUMOUR BURDEN	HIGH TUMOUR BURDEN
All LN <5 cm **AND** ALC <25 × 10^9/L	Any LN 5 cm to <10 cm **OR** ALC ≥25 × 10^9/L	Any LN ≥10 cm **OR** Any LN ≥5 cm and ALC ≥25 × 10^9/L

The risk of TLS is a continuum based on multiple factors and comorbidities, particularly including[1]:
- **Reduced renal function (CrCl <80 mL/min)**
- **Tumour burden, including radiographic evaluation (eg, CT scan)**
- **Splenomegaly**

- All patient comorbidities should be considered for risk-appropriate prophylaxis and monitoring, either outpatient or in hospital[1]

CT=computed tomography; LN=lymph node; ALC=absolute lymphocyte count; CrCl=creatinine clearance.

Please see the VENCLYXTO (venetoclax) Summary of Product Characteristics for full safety information.

- TLS, including fatal events and renal failure requiring dialysis, has occurred in patients with CLL, including after a single 20-mg dose of VENCLYXTO in the post-marketing setting
- VENCLYXTO can cause rapid tumour reduction, and thus poses a risk for TLS in the initial 5-week dose-titration phase. Changes in electrolytes consistent with TLS that require prompt management can occur as early as 6 to 8 hours following the first dose of VENCLYXTO and at each dose increase
- To prevent and reduce the risk of TLS, follow the recommendations for risk assessment, prophylactic measures, dose-titration schedule, laboratory monitoring, and drug interactions

ASSESS | **ADMINISTER** | MONITOR

2. Administer prophylaxis[1*†]

- **Administer hydration[1]**
  - Instruct patients to drink water daily starting 2 days before and throughout the dose-titration phase and at each subsequent dose increase
- **Administer anti-hyperuricaemics[1]**
  - Start allopurinol or xanthine oxidase inhibitor 2 to 3 days prior to initiation of VENCLYXTO

LOW TUMOUR BURDEN	MEDIUM TUMOUR BURDEN		HIGH TUMOUR BURDEN		
Oral hydration: 1.5–2 L	**Oral hydration:** 1.5–2 L	**IV hydration:** Consider for additional hydration	**Oral hydration:** 1.5–2 L	AND	**IV hydration:** 150–200 mL/h as tolerated
Allopurinol	**Allopurinol**		**Allopurinol**		**Rasburicase:** Consider if baseline uric acid is elevated

*More intensive measure (IV hydration, frequent monitoring, hospitalisation) should be employed as overall risk increases.
†Administer intravenous hydration for any patient who cannot tolerate oral hydration.

Please see the VENCLYXTO (venetoclax) Summary of Product Characteristics for full safety information.

- TLS, including fatal events and renal failure requiring dialysis, has occurred in patients with CLL, including after a single 20-mg dose of VENCLYXTO in the post-marketing setting
- VENCLYXTO can cause rapid tumour reduction, and thus poses a risk for TLS in the initial 5-week dose-titration phase. Changes in electrolytes consistent with TLS that require prompt management can occur as early as 6 to 8 hours following the first dose of VENCLYXTO and at each dose increase

ASSESS | **ADMINISTER** | **MONITOR**

- To prevent and reduce the risk of TLS, follow the recommendations for risk assessment, prophylactic measures, dose-titration schedule, laboratory monitoring, and drug interactions

3. Assess blood chemistry labs per recommended first-dose monitoring schedule[1]*

- Assess pre-dose blood chemistry labs[1]
  - Potassium
  - Uric acid
  - Phosphorus
  - Calcium
  - Creatinine
- Correct pre-existing abnormalities prior to initiating VENCLYXTO [1]
- Assess labs as scheduled; promptly review results and manage abnormalities[1]

LOW TUMOUR BURDEN / MEDIUM TUMOUR BURDEN

OUTPATIENT

Day 1, Week:	1	2	3	4	5
Dosage†	20 mg	50 mg	100 mg	200 mg	400 mg
Pre-dose labs	✓	✓	✓	✓	✓
6-8 hours post-dose labs	✓	✓	—	—	—
24 hours post-dose labs	✓	✓	—	—	—

For the first doses of 20 mg and 50 mg, consider hospitalisation for patients with medium tumour burden and CrCl <80 mL/min; for these patients, see table to the right for monitoring in hospital.

HIGH TUMOUR BURDEN

HOSPITAL | OUTPATIENT

Day 1, Week:	1	2	3	4	5
Dosage	20 mg	50 mg	100 mg	200 mg	400 mg
Pre-dose labs	✓	✓	✓	✓	✓
4 hours post-dose labs	✓	✓	—	—	—
6-8 hours post-dose labs	—	—	✓	✓	✓
8 hours post-dose labs	✓	✓	—	—	—
12 hours post-dose labs	✓	✓	—	—	—
24 hours post-dose labs	✓	✓	✓	✓	✓

*More intensive measure (IV hydration, frequent monitoring, hospitalisation) should be employed as overall risk increases.

†For patients at risk of TLS at Weeks 3, 4, and 5, monitor blood chemistries at 6–8 hours and at 24 hours at each subsequent titration dose.

Please see the VENCLYXTO (venetoclax) Summary of Product Characteristics for full safety information.

Advise patients that[1]:

This medicine has been prescribed for the patient only, and the patient should not pass it on to others. It may harm others, even if their signs of illness are the same as the patient's. If patients develop any side effects, they should inform their doctor, pharmacist, or nurse

Patients need to drink plenty of water when taking VENCLYXTO, especially when they start treatment and the dose is increased. Drinking water or giving extra fluids into the vein will help to remove cancer cell–breakdown products from their blood through their urine

During the first days or weeks of treatment as the dose is slowly increased, patients should take the tablets in the morning to help them follow up with blood tests, if needed

Patients are to take VENCLYXTO orally once daily with a meal and a glass of water at approximately the same time each day

Patients should swallow the VENCLYXTO tablets whole. The tablets should not be chewed, crushed, or broken before swallowing

Patients should not eat grapefruit products, Seville oranges (bitter oranges), or starfruit (carambola) during treatment with VENCLYXTO. This includes eating them, drinking their juice, or taking a supplement that might contain them. This is because consuming these products can increase the amount of VENCLYXTO in the blood

Patients can also check the Patient Information Leaflet for additional information about VENCLYXTO

Please see the VENCLYXTO (venetoclax) Summary of Product Characteristics for full safety information.

In case of a missed dose, advise patients as follows[1]:

If a patient misses a dose within 8 hours from the time it is usually taken:

The patient should take the missed dose right away and take the next dose as usual.

If a patient misses a dose by more than 8 hours:

The patient should not take the missed dose and should take the next dose at the usual time.

If a patient vomits following dosing:

No additional dose should be taken that day. The next prescribed dose should be taken at the usual time the next day.

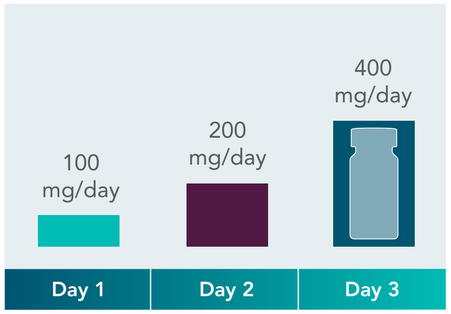
Please see the VENCLYXTO (venetoclax) Summary of Product Characteristics for full safety information.

VENCLYXTO®
venetoclax film coated tablets

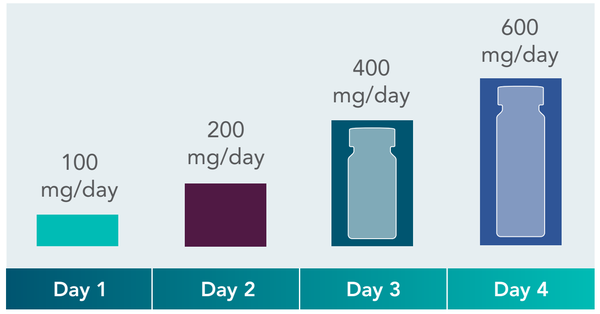
VENCLYXTO dose-titration schedule

VENCLYXTO TITRATION IN AML[1,2]

In AML, VENCLYXTO is administered as an oral tablet with the dose increasing daily per the 3- or 4-day titration schedule, which depends upon the combination agent



3-DAY DOSE TITRATION
(combined with AZA/DEC)

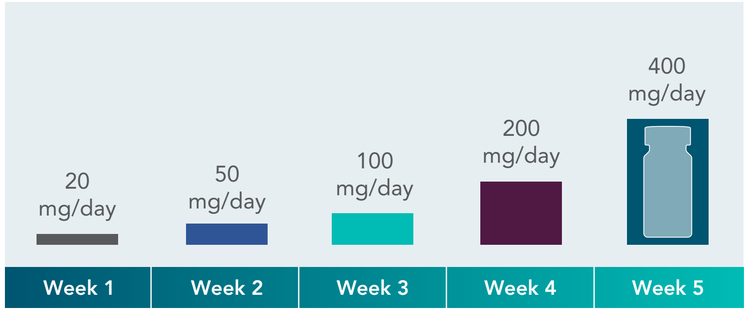


4-DAY DOSE TITRATION
(combined with LDAC)

- **In combination with AZA/DEC:** VENCLYXTO is increased over a 3-day period. For more information about AZA/DEC and the full dosing schedule
  View more ▸
- **In combination with LDAC:** VENCLYXTO is increased over a 4-day period. For more information about LDAC and the full dosing schedule
  View more ▸

VENCLYXTO TITRATION IN CLL[1]

In CLL, VENCLYXTO is administered as an oral tablet daily, with the dose increasing each week per the 5-week titration schedule



5-WEEK DOSE TITRATION
(combined with obinutuzumab or rituximab)

- **In first-line CLL:** Obinutuzumab is administered on Days 1, 2, 8, and 15 of Cycle 1, and the 5-week VENCLYXTO dose titration begins on Day 22 of Cycle 1
  View more ▸
- **In relapsed/refractory CLL:** Rituximab administration begins after the 5-week dose titration has been completed
  View more ▸

Please see the VENCLYXTO (venetoclax) Summary of Product Characteristics for full safety information.

VENCLYXTO®
venetoclax film coated tablets

<Placeholder for Local Affiliate to Add Summary of Safety Information>

Please see the VENCLYXTO (venetoclax) Summary of Product Characteristics for full safety information.

Reference: 1. VENCLYXTO Summary of Product Characteristics. Ludwigshafen, Germany: AbbVie Deutschland GmbH & Co. KG. <Current SmPC.>
2. VENCLEXTA [package insert]. North Chicago, IL: AbbVie Inc.