

NEWLY DIAGNOSED ACUTE MYELOID LEUKEMIA

Venetoclax Dosing Regimens

For patients who are ≥ 75 years old or ineligible for intensive chemotherapy

This is a medical resource for scientific information and is intended for healthcare providers practicing in the United States

Current as of February 9, 2026



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TLS=tumor lysis syndrome.

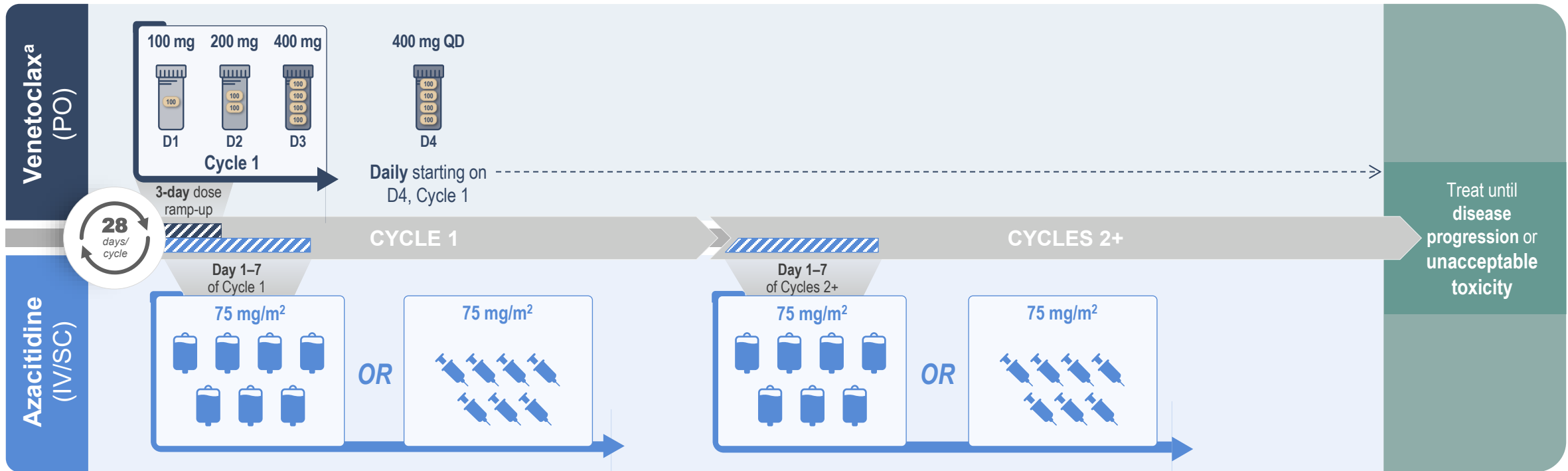


DOSING REGIMENS



VENETOCLAX–AZACITIDINE DOSING SCHEDULE

Venetoclax requires a short ramp-up to a maintenance dose of 400 mg daily.



- Venetoclax is a 3-day ramp up for this regimen
- Venetoclax dose may be delivered using any of the approved tablet strengths
- Store venetoclax in the original container to protect from moisture
- Azacitidine can be administered IV or SC



[Click here for the venetoclax + decitabine dosing regimen.](#)



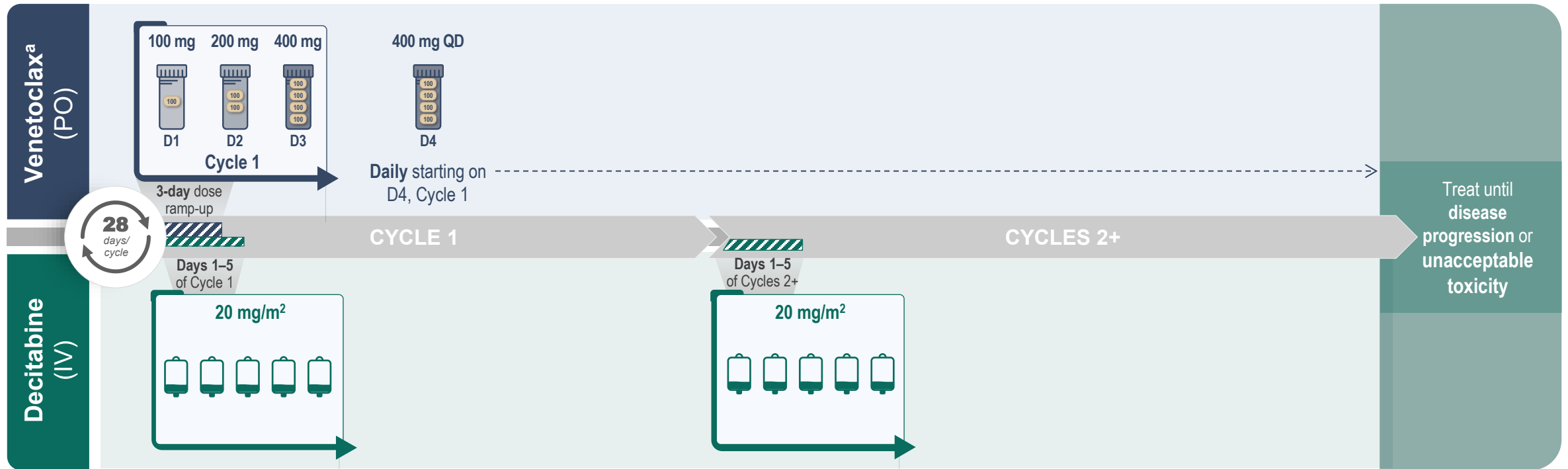
[Click here for the venetoclax + LDAC dosing regimen.](#)

^aDosing may differ on the basis of drug interactions or severe hepatic impairment. D=day; IV=intravenous; LDAC=low-dose cytarabine; PO=orally; QD=once daily; SC=subcutaneous. Venclaxta (venetoclax) [prescribing information]. South San Francisco, CA: Genentech, Inc.; 2024.



VENETOCLAX–DECITABINE DOSING SCHEDULE

Venetoclax requires a short ramp-up to a maintenance dose of 400 mg daily.



- Venetoclax is a 3-day ramp up for this regimen
- Venetoclax dose may be delivered using any of the approved tablet strengths
- Store venetoclax in the original container to protect from moisture
- Decitabine is administered IV



[Click here for the venetoclax + azacitidine dosing regimen.](#)



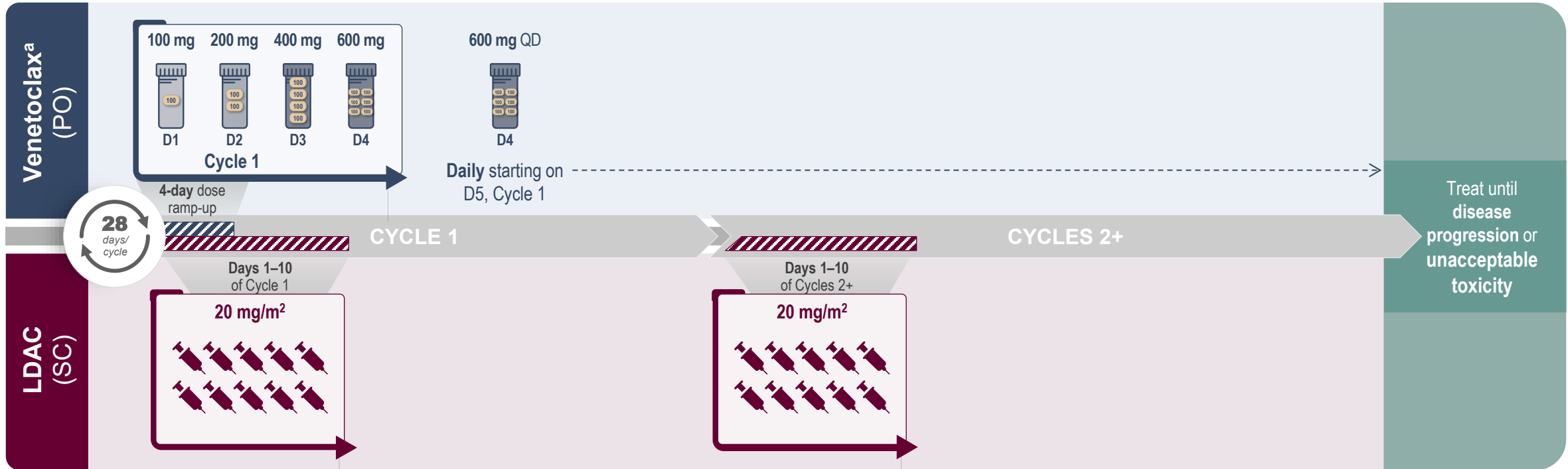
[Click here for the venetoclax + LDAC dosing regimen.](#)

^aDosing may differ on the basis of drug interactions or severe hepatic impairment. Venclaxta (venetoclax) [prescribing information]. South San Francisco, CA: Genentech, Inc.; 2024.



VENETOCLAX-LOW DOSE CYTARABINE (LDAC) DOSING SCHEDULE

Venetoclax requires a short ramp-up to a maintenance dose of 600 mg daily.



- Venetoclax is a 4-day ramp up for this regimen
- Venetoclax dose may be delivered using any of the approved tablet strengths
- Store venetoclax in the original container to protect from moisture
- LDAC is administered SC



[Click here for the venetoclax + azacitidine dosing regimen.](#)



[Click here for the venetoclax + decitabine dosing regimen.](#)

^aDosing may differ on the basis of drug interactions or severe hepatic impairment. LDAC, low-dose cytarabine. Venclaxta (venetoclax) [prescribing information]. South San Francisco, CA: Genentech, Inc.; 2024.



TLS PROPHYLAXIS AND MONITORING



TLS PROPHYLAXIS AND MONITORING

Prior to venetoclax initiation

TLS risk assessment

All patients should have WBC count $<25 \times 10^9/L$
(cytoreduction may be needed)

Prophylaxis

Begin TLS prophylaxis and continue during ramp-up:

- Anti-hyperuricemics
- Hydration

Blood chemistry

Assess blood chemistries and correct any pre-existing abnormalities prior to treatment initiation:

- Calcium
- Phosphorous
- Potassium
- Uric acid
- Creatinine

During venetoclax ramp-up

Blood chemistry

Monitor blood chemistries for TLS at:

- Predose
- 6–8 hours after each new dose
- 24 hours after reaching final dose

Risk factors

For patients with risk factors for TLS, consider additional measures including:

- Increase laboratory monitoring
- Reduce venetoclax starting dose

Risk factors

- Elevated pretreatment LDH levels
- Circulating blasts
- Reduced renal function
- High burden of leukemia involvement in BM

BM=bone marrow; LDH=lactate dehydrogenase; WBC=white blood cell.
Venclexta (venetoclax) [prescribing information]. South San Francisco, CA: Genentech, Inc.; 2024.



DOSE MODIFICATIONS FOR DRUG INTERACTIONS



VENETOCLAX DOSE MODIFICATIONS FOR DRUG INTERACTIONS

COADMINISTERED DRUG	INITIATION AND RAMP-UP PHASE				STEADY DAILY DOSE (after ramp-up phase)
	Day 1	Day 2	Day 3	Day 4	
Posaconazole	↓ Reduce to 10 mg	20 mg	50 mg	70 mg	↓ Reduce to 70 mg
Other strong CYP3A inhibitor	↓ Reduce to 10 mg	20 mg	50 mg	100 mg	↓ Reduce to 100 mg
Moderate CYP3A inhibitor	↓	Reduce by at least 50%			↓ Reduce by at least 50%
P-gp inhibitor	↓	Reduce by at least 50%			↓ Reduce by at least 50%

For additional information on dose modifications for drug interactions including use with warfarin and P-gp substrates, refer to section 7 of the [prescribing information](#).

- Resume the venetoclax dosage that was used prior to concomitant use of a strong or moderate CYP3A inhibitor or a P-gp inhibitor 2 to 3 days after discontinuation of the inhibitor.

SEVERE HEPATIC IMPAIRMENT: Reduce the venetoclax once-daily dose by 50% for patients with severe hepatic impairment (Child-Pugh C); monitor these patients more closely for adverse reactions.

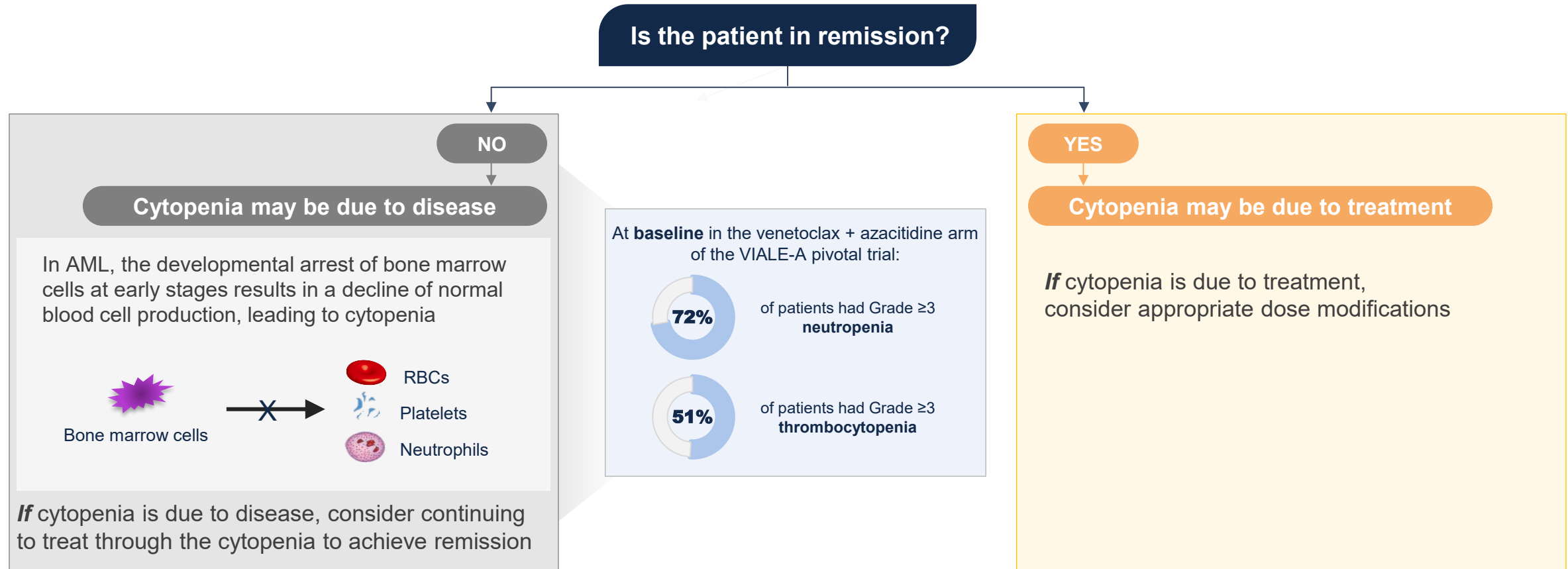


DOSE MODIFICATIONS FOR ADVERSE REACTIONS



DOSE MODIFICATIONS FOR CYTOPENIA ARE DEPENDENT ON REMISSION STATUS

It is important to understand if cytopenia is due to disease or treatment



AML=acute myeloid leukemia; AR=adverse reaction; Mod=modification; RBC=red blood cell.

1. DiNardo CD, et al. N Engl J Med. 2020;383(7):617-29. 2. Venclexta (venetoclax) [prescribing information]. South San Francisco, CA: Genentech, Inc.; 2024. 3. Medscape. Acute Myeloid Leukemia (AML) Pathophysiology. <https://emedicine.medscape.com/article/197802-overview#a3>. Accessed Oct 11, 2021.



BONE MARROW BIOPSY IS RECOMMENDED TO ASSESS FOR REMISSION

Remission status allows for appropriate cytopenia management



In VIALE-A, a bone marrow assessment was performed at the end of Cycle 1

For patients with resistant disease at the end of Cycle 1, a repeat bone marrow assessment was performed at the end of Cycle 2 or 3 and as clinically indicated

A BONE MARROW BIOPSY IS RECOMMENDED FOLLOWING CYCLE 1 AND AS CLINICALLY INDICATED TO ASSESS FOR REMISSION



^aVenetoclaz + azacitidine percentage of patients by cycle.

CR=complete remission; CRh=complete remission with partial hematologic recovery.

1. Pratz K et al. Am J Hematol. 2022;97(11):E416-419. 2. DiNardo CD, et al. N Engl J Med. 2020;383(7):617-29. 3. Venclextra (venetoclax) [prescribing information]. South San Francisco, CA: Genentech, Inc.; 2024



DOSE MODIFICATIONS FOR HEMATOLOGIC ADVERSE REACTIONS

Dose modification and interruptions for cytopenias are dependent on remission status

Adverse reaction	Occurrence	▶ Venetoclax dose modification
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Hematologic adverse reactions

<p>Grade 4 neutropenia with or without fever or infection</p> <p>OR</p> <p>Grade 4 thrombocytopenia</p>	<p>Occurrence prior to achieving remission</p>	<ul style="list-style-type: none"> In most instances, do not interrupt venetoclax regimen^a due to cytopenias prior to achieving remission
	<p><u>First occurrence after achieving remission</u> and lasting at least 7 days</p>	<ul style="list-style-type: none"> Delay subsequent cycle of venetoclax regimen^a and monitor blood counts Resume venetoclax regimen^a at the same dose upon resolution to grade 1 or 2
	<p><u>Subsequent occurrences in cycles after achieving remission</u> and lasting 7 days or longer</p>	<ul style="list-style-type: none"> Delay subsequent cycle of venetoclax regimen^a and monitor blood counts Resume venetoclax regimen^a at the same dose upon resolution to grade 1 or 2 Reduce venetoclax duration by 7 days during each of the subsequent cycles (ie, give venetoclax for 21 days out of the 28-day cycle)



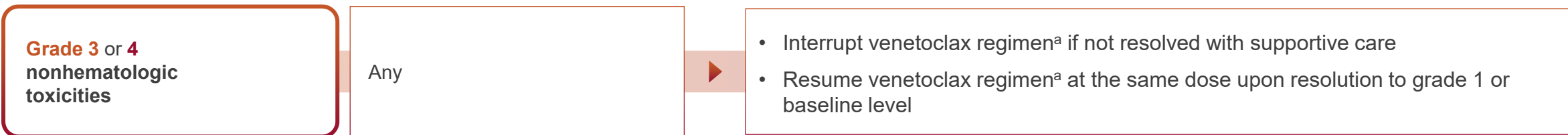
^ain combination with azacitidine, decitabine, or low-dose cytarabine
Venclexta (venetoclax) [prescribing information]. South San Francisco, CA: Genentech, Inc.; 2024.



DOSE MODIFICATIONS FOR NONHEMATOLOGIC ADVERSE REACTIONS PER THE USPI



Nonhematologic adverse reactions



^ain combination with azacitidine, decitabine, or low-dose cytarabine

USPI=United States Prescribing Information.

Venclexta (venetoclax) [prescribing information]. South San Francisco, CA: Genentech, Inc.; 2024.