DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Oncology – Venclexta Drug Quantity Management Policy – Per Rx
- Venclexta® (venetoclax tablets – AbbVie and Genentech)

REVIEW DATE: 03/09/2022

OVERVIEW

Venclexta, a B-cell lymphoma-2 inhibitor, is indicated in adults for the following uses:[1]

- **Acute myeloid leukemia (AML)**, in combination with azacitidine or decitabine or low-dose cytarabine for newly diagnosed AML in adults ≥ 75 years of age or who have comorbidities that preclude use of intensive induction chemotherapy.
- **Chronic lymphocytic leukemia (CLL)**.
- **Small lymphocytic lymphoma (SLL)**.

Dosing

Table 1. Venclexta Recommended Dosing.[1]

Indication	Dosing
CLL/SLL	Venclexta dosing begins with a 5 week ramp-up: • Week 1: 20 mg orally QD • Week 2: 50 mg orally QD • Week 3: 100 mg orally QD • Week 4: 200 mg orally QD • Week 5 and beyond: 400 mg orally QD
	In combination with Gazyva® (obinutuzumab intravenous infusion): • On Cycle 1 Day 22, start Venclexta according to the 5-week ramp-up dosing schedule. After completing the ramp-up phase on Cycle 2 Day 28, continue Venclexta 400 mg orally QD from Cycle 3 Day 1 until the last day of Cycle 12.
	In combination with rituximab: • Start the 5-week ramp-up Venclexta dosing schedule, and continue Venclexta 400 mg orally QD for 24 months from Cycle 1 Day 1 of rituximab. Rituximab should be started after completion of the 5-week ramp-up of Venclexta and 7 days of Venclexta 400 mg QD.
	Monotherapy: • Venclexta 400 mg QD after completion of the 5-week ramp-up dosing schedule. Continue until disease progression or unacceptable toxicity.
AML	Venclexta dosing begins with a 3-or 4-day ramp-up: Day 1: 100 mg orally QD Day 2: 200 mg orally QD Day 3: 400 mg orally QD Days 4 and beyond: • Venclexta in combination with azacitidine or decitabine: 400 mg orally QD of each 28-day cycle • Venclexta in combination with low-dose cytarabine: 600 mg orally QD of each 28-day cycle Continue Venclexta, in combination with azacitidine or decitabine or low-dose cytarabine, until disease progression or unacceptable toxicity.

CLL – Chronic lymphocytic leukemia; SLL – Small lymphocytic lymphoma; QD – Once daily; AML – Acute myeloid leukemia.

Off-Label Use

Mantle Cell Lymphoma

Doses ranging from 200 mg/day up to 1,200 mg/day were used in clinical studies; 600 mg/day was a commonly used dose.[2-5]

Multiple Myeloma

Doses ranging from 300 mg/day up to 1,200 mg/day were used in clinical studies; 800 mg/day was a commonly used dose.[6-8]

Availability

Table 2. Venclexta Availability.[1]

Package Size	Package Contents
CLL/SLL Starting Pack	Each pack contains four weekly wallet blister packs: • Week 1 (14 x 10 mg tablets) • Week 2 (7 x 50 mg tablets) • Week 3 (7 x 100 mg tablets) • Week 4 (14 x 100 mg tablets)
Wallet of 10 mg tablets	14 x 10 mg tablets
Wallet of 50 mg tablets	7 x 50 mg tablets
Blister of 10 mg tablets	2 x 10 mg tablets
Blister of 50 mg tablet	1 x 50 mg tablet
Blister of 100 mg tablet	1 x 100 mg tablet
Bottle of 100 mg tablets	120 x 100 mg tablets
	180 x 100 mg tablets

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Venclexta. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Automation: None.

Drug Quantity Limits

Product	Package Size/Strength	Maximum Quantity per Rx
Venclexta (venetoclax tablets)	CLL/SLL Starting Pack	1 pack
	Wallet of 10 mg tablets	4 wallets (56 tablets)
	Wallet of 50 mg tablets	4 wallets (28 tablets)
	Blister of 10 mg tablets	28 blisters (56 tablets)
	Blister of 50 mg tablets	28 blisters (28 tablets)
	100 mg tablets (blisters and bottle)	180 tablets per Rx

CRITERIA

Venclexta 100 mg tablets:

1. If the patient has multiple myeloma, approve up to 240 tablets per dispensing.

REFERENCES

1. Venclexta® tablets [prescribing information]. North Chicago, IL and South San Francisco, CA: AbbVie and Genentech (a member of the Roche Group); November 2020.
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3. Zhao S, Kanagal-Shamanna R. Navsaria L, et al. Efficacy of venetoclax in high risk relapsed mantle cell lymphoma (MCL) – outcomes and mutation profile from venetoclax resistant MCL patients. *Am J Hematol.* 2020; 95:623-629.
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6. Kumar SK, Harrison SJ, Cavo M, et al. Venetoclax or placebo in combination with bortezomib and dexamethasone in patients with relapsed or refractory multiple myeloma (BELLINI): a randomised, double-blind, multicentre, phase 3 trial. *Lancet Oncol.* 2020;21(12):1630-1642.
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