

Regimen Reference Order – LEUK – asciminib

ARIA: LEUK - [asciminib]

Planned Course: Once daily until disease progression or unacceptable toxicity (1 cycle = 30 days)

Indication for Use: Chronic Myelogenous Leukemia

Proceed with treatment if:

ANC equal to or greater than $1 \times 10^9/L$ AND Platelets equal to or greater than $50 \times 10^9/L$

❖ **Contact Hematologist if parameters not met**

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
allopurinol*	300 mg	Orally once daily for 10 days to begin 3 days prior to start of asciminib and at provider’s discretion for additional length of time (Self-administered at home) * Only patients at risk of tumor lysis syndrome will be prescribed allopurinol

Treatment Regimen – LEUK – asciminib

Drug	Dose	CCMB Administration Guideline
asciminib	80 mg*	Orally once daily on an empty stomach Take at least 1 hour before or at least 2 hours after food Swallow whole (Self-administered at home)
*Hematologist may alternatively prescribe asciminib 40 mg twice daily		
asciminib (SCEMBLIX®) available dosage strengths: 20 mg and 40 mg tablets		
Classification: Cytotoxic, Hazardous		

REQUIRED MONITORING

Baseline

- Hepatitis B serology

Cardiac monitoring

- EKG at baseline and repeat as clinically indicated during therapy
- Patient weight monthly for the first three cycles then frequency to be determined by hematologist
- Blood pressure with every clinic visit

Cycles 1 to 3

Day 1

- CBC, serum creatinine, urea, electrolytes and liver enzymes as per Physician Orders
- Lipase as per Physician Orders
- RT-Q-PCR for BCR-ABL (response assessment)

Day 15

- CBC, serum creatinine, urea, electrolytes and liver enzymes as per Physician Orders

Cycle 4 and Onwards (frequency to be determined by hematologist)

- CBC, serum creatinine, urea, electrolytes and liver enzymes as per Physician Orders
- Lipase as per Physician Orders
- RT-Q-PCR for BCR-ABL (response assessment)

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
metoclopramide	10 – 20 mg	Orally every 4 hours as needed for nausea and vomiting

INSTRUCTIONS FOR PATIENT

- Patients should be encouraged to maintain adequate hydration
- Instruct patient to report any new suspected side effects especially infection, abdominal pain or unusual bruising or bleeding
- Instruct patient to report skin rash
- Patients should notify clinic prior to starting any new medication. asciminib has potential for drug-drug interactions
- Avoid grapefruit and grapefruit juice, Seville oranges (i.e. orange marmalade) and starfruit
- Reinforce applicable safe handling precautions of medications, blood and body fluids while on asciminib

ADDITIONAL INFORMATION

- asciminib has been associated with cardiovascular toxicity including QT prolongation, ischemic cardiac and CNS conditions, and hypertension
- asciminib has been associated with pancreatitis
- Reactivation of hepatitis B virus (HBV) has occurred in patients who are chronic carriers while on treatment with asciminib
- Patients of childbearing potential should use effective contraception during treatment with asciminib and for at least 7 days after the last dose