

Proudly Canadian

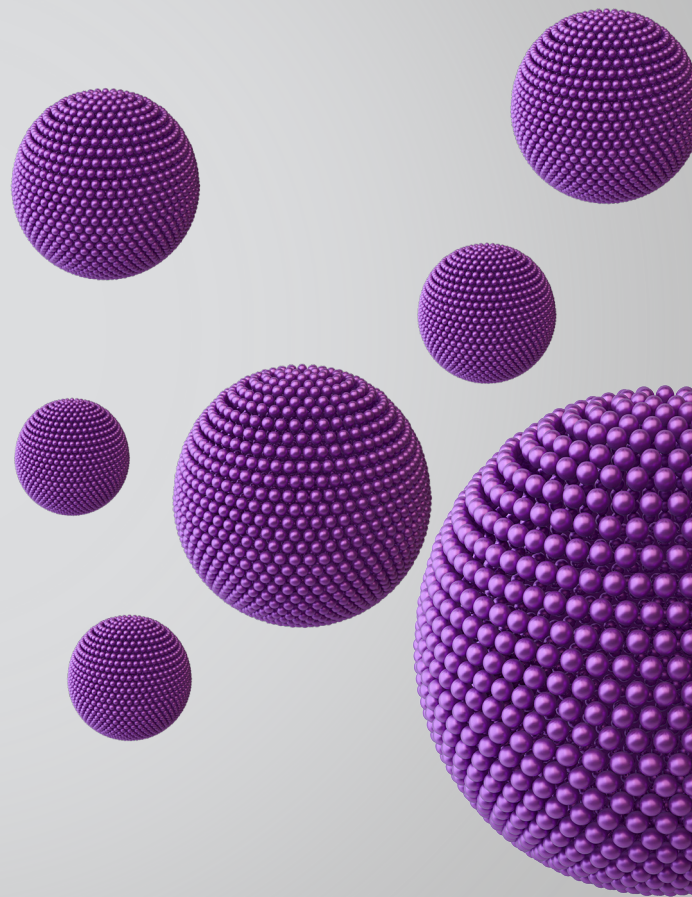


**Pr** **Vyxeos**<sup>®</sup>

daunorubicin and cytarabine  
liposome for injection

**44 mg / 100 mg**

# Dose Guide



<sup>Pr</sup>VYXEOS<sup>®</sup> (daunorubicin and cytarabine liposome for injection) is indicated for the treatment of adults with newly diagnosed therapy-related acute myeloid leukemia (t-AML) or AML with myelodysplasia-related changes (AML-MRC).<sup>1</sup>

# PREPARATION<sup>1</sup>



**Calculate** VYXEOS dose based on patient's BSA and determine the number of vials required.



**Remove** the vials of VYXEOS from the refrigerator and **equilibrate** at room temperature for 30 minutes.



**Reconstitute** each vial with 19 mL of sterile water for injections using a 20 mL sterile syringe and start a 5-minute timer immediately. **Carefully swirl the contents** of the vial for 5 minutes while gently inverting the vial every 30 seconds.

**DO NOT HEAT**



**Rest** for 15 minutes after reconstitution. If the reconstituted product is not immediately diluted into an infusion bag, **store** in a refrigerator (2°C to 8°C) for up to 4 hours.



**Gently invert** each vial 5 times prior to withdrawing the concentrate for dilution.



**Aseptically withdraw** the calculated volume of reconstituted VYXEOS from the vial(s) with a sterile syringe and transfer it to an infusion bag containing 500 mL of sodium chloride 9 mg/mL (0.9%) solution for injection, or 5% glucose. **Discard any unused portions.**

**DO NOT VORTEX OR SHAKE VIGOROUSLY**



**Scan to watch how to properly prepare and reconstitute VYXEOS**

**Gently invert** the bag to mix the solution. If the diluted infusion solution is not used immediately, store in a refrigerator (2°C to 8°C) for up to 4 hours.



# PERSONAL DOSING FOR YOUR PATIENTS

Surface area (m <sup>2</sup> )	First induction (44/100 mg)/m <sup>2</sup>		Second induction (44/100 mg)/m <sup>2</sup>		Consolidation (29/65 mg)/m <sup>2</sup>	
	Volume to withdraw per dose (mL)	Number of vials per course	Volume to withdraw per dose (mL)*	Number of vials per course	Volume to withdraw per dose (mL) <sup>†</sup>	Number of vials per course
1.3	26.0	6	26.0	4	17.1	2
1.4	28.0	6	28.0	4	18.5	2
1.5	30.0	6	30.0	4	19.8	2
1.6	32.0	6	32.0	4	21.1	4
1.7	34.0	6	34.0	4	22.4	4
1.8	36.0	6	36.0	4	23.7	4
1.9	38.0	6	38.0	4	25.0	4
2.0	40.0	6	40.0	4	26.4	4
2.1	42.0	9	42.0	6	27.7	4
2.2	44.0	9	44.0	6	29.0	4
2.3	46.0	9	46.0	6	30.3	4
2.4	48.0	9	48.0	6	31.6	4
2.5	50.0	9	50.0	6	33.0	4
2.6	52.0	9	52.0	6	34.3	4
2.7	54.0	9	54.0	6	35.6	4

Dose of daunorubicin (mg/m<sup>2</sup>) x patient's BSA (m<sup>2</sup>)

2.2 mg/mL

= mL volume required

## Missed a dose?

If a planned dose of VYXEOS is missed, administer the dose as soon as possible and adjust the dosing schedule accordingly with treatment interval maintained.<sup>1</sup>

\*In patients not achieving a response, start 2 to 5 weeks after first induction.  
†5 to 8 weeks after the start of last induction.

# VYXEOS CAN BE ADMINISTERED FOR BOTH INDUCTION AND CONSOLIDATION IN ADULT PATIENTS WITH HIGH-RISK AML<sup>1\*</sup>

## INDUCTION CYCLES



## CONSOLIDATION CYCLES



Treatment should be continued as long as patients continue to benefit or until disease progression, up to a maximum of 2 courses for induction and consolidation each.<sup>1</sup>

### After the first induction, subsequent induction courses may be:<sup>1</sup>

- Administered after 2–5 weeks in patients who do not achieve remission and show no unacceptable toxicity
- Required for some patients after bone marrow evaluation

### After the start of the last induction course, subsequent consolidation courses may be:<sup>1</sup>

- Administered within 5–8 weeks in patients who do not show disease progression or unacceptable toxicity

**Prior to initiating each cycle of induction and consolidation, assessment for cardiac, renal and hepatic function is recommended.<sup>1</sup>**

<sup>1</sup>High-risk AML defined as t-AML or AML-MRC.

**90**  
minutes

## VYXEOS HAS A 90-MINUTE INFUSION TIME<sup>1</sup>

Designed to reduce the infusion time for your patients with high-risk AML<sup>2\*</sup>

### Recommended dosing schedule for VYXEOS<sup>1</sup>

#### FIRST INDUCTION

Days **1** **3** **5**

Daunorubicin 44 mg/m<sup>2</sup> and cytarabine 100 mg/m<sup>2</sup>



#### SECOND INDUCTION + CONSOLIDATION

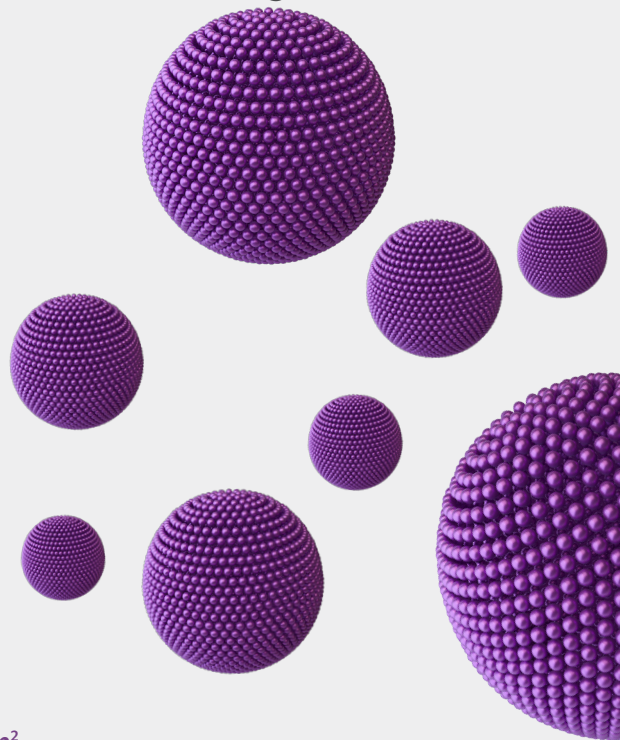
Days **1** **3**

Second induction: Daunorubicin 44 mg/m<sup>2</sup> and cytarabine 100 mg/m<sup>2</sup>

Consolidation: Daunorubicin 29 mg/m<sup>2</sup> and cytarabine 65 mg/m<sup>2</sup>

Adapted from the VYXEOS Product Monograph.

\*High-risk AML defined as t-AML or AML-MRC.



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## Recommended dose adjustments for patients with symptoms of hypersensitivity<sup>1</sup>

Severity of symptoms	Recommended dose adjustment
Mild*	<ul style="list-style-type: none"><li>• Stop treatment and monitor patient, including vital signs</li><li>• Slowly resume treatment once symptoms resolve at half the rate of infusion and consider intravenous antihistamines and/or corticosteroids</li></ul>
Moderate	<ul style="list-style-type: none"><li>• Do not re-initiate infusion</li></ul>
Severe or life-threatening	<ul style="list-style-type: none"><li>• Permanently discontinue treatment with VYXEOS</li></ul>

Adapted from the VYXEOS Product Monograph.

### For more information:

Consult the Product Monograph at: [www.jazzpharma.com](http://www.jazzpharma.com) for contraindications, warnings, precautions, adverse reactions, interactions, dosing and conditions of clinical use.

The Product Monograph is also available by calling our medical department at: 1-800-520-5568.

\*Mild symptoms may include mild flushing, rash, pruritus.

**REFERENCES:** 1. Current VYXEOS® Product Monograph, Jazz Pharmaceuticals Canada, Inc.  
2. Mayer LD, Tardi P, Louie AC. CPX-351: a nanoscale liposomal co-formulation of daunorubicin and cytarabine with unique biodistribution and tumor cell uptake properties. *Int J Nanomedicine* 2019;14:3819–3830.

Further information for  
healthcare professionals  
can be found at  
[www.vyxeos.ca](http://www.vyxeos.ca)



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