Criteria for Use of Azacitidine (Vidaza™)

VA Pharmacy Benefits Management Strategic Healthcare Group and Medical Advisory Panel
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The following recommendations are based on current medical evidence and expert opinion from clinicians. The content of the document is dynamic and will be revised as new clinical data becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. The clinician should utilize this guidance and interpret it in the clinical context of individual patient situations.

Refer to the National PBM Drug Monograph Azacitidine (Vidaza™) at http://vaww.pbm.va.gov/drugmonograph/9paerfAzacitidine.pdf or http://www.pbm.va.gov/monograph/9paerfAzacitidine.pdf for recommendations on dosing, precautions, and monitoring.

Restricted to use by VA Hematologists and Oncologists

Diagnosis	**#1**
Initial therapy in the patients with the following myelodysplastic subtypes: ❑ Refractory anemia (RA) or refractory anemia with ringed sideroblasts (RARS) (If accompanied by neutropenia OR thrombocytopenia OR clinical hemorrhage requiring platelet transfusions OR anemia requiring red blood cell transfusions[1]) ❑ Refractory anemia with excess blasts (RAEB) ❑ Refractory anemia with excess blasts in transformation (RAEB-T) ❑ Chronic myelomonocytic leukemia (CMMoL)	❑ Yes ❑ No *If Yes to any subtype, go to #2.* *If No, patient is ineligible for azacitidine*
Exclusion Criteria	**#2**
Patient with any of the following conditions: ❑ ECOG Performance Status >2 http://www.ecog.org/general/perf_stat.html ❑ Serum Creatinine > 1.5 X ULN ❑ Diagnosis of metabolic acidosis ❑ Total bilirubin > 1.5 X ULN ❑ AST/ALT > 2 X ULN ❑ Patients with extensive hepatic tumor burden due to metastatic disease ❑ Uncontrolled congestive heart failure ❑ Hypersensitivity to mannitol ❑ Life expectancy < 4 months ❑ Pregnancy[2] ❑ Women actively breastfeeding	❑ Yes ❑ No *If Yes to any condition in #2, patient is ineligible for azacitidine.*
Discontinuation	**#3**
❑ Progression of disease during initial 4 months of treatment (see Relapse criteria) ❑ Stable disease after initial 4 months of treatment ❑ Unacceptable toxicity ❑ Relapse after initial response. Relapse criteria defined below: • Relapse from CR- >5% myeloblasts in bone marrow • Relapse from PR - ≥ 30% bone marrow blasts (in patients with RA or RARS, return to pretreatment peripheral blood values or return of transfusion requirements alone or in conjunction with bone marrow results) • Relapse from Improvement – Return of peripheral blood counts to pretreatment values or recurrence of transfusion requirements ❑ Transformation to Acute Myelogenous Leukemia	❑ Yes ❑ No *If Yes to any, discontinue azacitidine therapy*
Monitoring	
❑ Complete blood counts and assessment of renal function prior to each cycle and as needed (See Azacitidine drug monograph for dose reductions based on WBC and platelet counts) ❑ Premedicate with oral prochlorperazine or oral ondansetron ❑ If no beneficial bone marrow effect from initial dose by day 57 without significant toxicity, increase dose to 100mg/m^2/day for 7 days (optional) ❑ Assess effect on bone marrow after fourth cycle (day 113) (optional) (see Discontinuation above) ❑ Reduce dose by 50% on next course for unexplained reductions in serum bicarbonate to < 20 mEq/L; assess for renal tubular acidosis (alkaline urine, hypokalemia to <3 mEq/L along with drop in serum bicarbonate) ❑ If unexplained increase in BUN or serum creatinine, delay dose until values return to normal or baseline, then resume at 50% dose reduction on next course	

[1] Neutropenia defined as ANC <1.0 x 10^9/L and thrombocytopenia defined as platelets ≤50 x 10^9/L

[2] Women of child-bearing potential and men with the potential to father a child should use adequate contraception methods.

Approved by Physician: *Date/Time*

Updated versions may be found at http://vaww.pbm.va.gov or www.pbm.va.gov

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