Azacitidine for Myelodysplastic Syndrome, CMML, AML(RAEBT)

Contact Physician:_____ Pager: _____

Diagnosis:_____

Cycle:_____ **Day 1 = _____ Cycle 1: consent form done** □

Weight:_____ **Height**:_____ **BSA**:_____

Adjusted IBW:_____ **Adjusted BSA**:_____

Allergies:_____

Azacitidine 75mg/m²/day subcutaneous daily times 7 days every 28 days. Continue indefinitely based on clinical response.
Note - After two cycles and no response, consider increasing dose to 100mg/m^2 beginning cycle number 3.

1. **Hydration:**

2. **Prophylactic medications:**
   - □ Allopurinol: 300mg PO daily for _____ days
   - □ Acyclovir: 400mg PO twice daily
   - □ Antifungal:
   - □ GI prophylaxis:

3. **Anti-emetics:** Moderate emetogenic protocol
   - □ Ondansetron 16mg PO daily prior to chemotherapy
   - □ Ondansetron 16mg IV if unable to tolerate oral tablets
   - □ Lorazepam: 0.5mg - 1 mg PO or IV every 4 hours prn nausea
   - □ Prochlorperazine 10mg PO or IV every 6 hours prn nausea

4. Chemotherapy:

Azacitidine (75mg/m²) _____mg subcutaneous daily times seven days.

Azacitidine _____mg subcutaneous on Day 1_____
Azacitidine _____mg subcutaneous on Day 2_____
Azacitidine _____mg subcutaneous on Day 3_____
Azacitidine _____mg subcutaneous on Day 4_____
Azacitidine _____mg subcutaneous on Day 5_____
Azacitidine _____mg subcutaneous on Day 6_____
Azacitidine _____mg subcutaneous on Day 7_____

- ***Azacitidine** (75mg/m2) _____mg in Sodium Chloride 0.9% 100mL IV over 30 minutes daily times seven days.

Signed: _____ Pager_____
JCO 24(24) 2006: 3895-3903; JCO 20(10) 2002: 2429-2440 and 2441-2452.

- *For severe skin toxicity, consider intravenous Azacitidine.
- After two cycles and no response, consider increasing dose to 100mg/m^2 beginning cycle number 3.
- If unexplained elevations of BUN or serum creatinine occur, or serum bicarbonate levels decrease to less than 20mEq/L, the next cycle should be delayed until values return to normal or baseline and the dose reduced by 50% on next treatment course.
- Contraindicated in patients with significant metastatic hepatic disease and serum albumin less than 3g/dL.
- Dose adjustments based on hematologic laboratory values: A dosage delay or reduction may be necessary for patients based on nadir counts. See drug product information for recommended reductions.