Indication	Maintenance monotherapy in newly diagnosed AML patients in remission following at least induction chemotherapy and who are not candidates for, or who choose not to proceed to, haemopoietic stem cell transplantation. NB oral azacitidine is not interchangeable with IV formulation.
Treatment Intent	Palliative
Frequency and number of cycles	Repeat every 28 days Treatment should be continued until disease progression up to a maximum of 15% blasts observed in peripheral blood or bone marrow, unacceptable toxicity or patient choice. A formal medical review should take place at least by the end of the second cycle of treatment to decide if treatment should continue.
Monitoring Parameters pre-treatment	• **Virology screening:** All new patients referred for systemic anti-cancer treatment should be screened for hepatitis B and C and the result reviewed prior to the start of treatment. Patients not previously tested who are starting a new line of treatment, should also be screened for hepatitis B and C. Further virology screening will be performed following individual risk assessment and clinician discretion. • LFTs and U&Es baseline and at each cycle. • FBC baseline, every other week for the first 2 cycles and then at each cycle thereafter. If a dose modification is required FBC should be monitored every other week for the next 2 cycles. • **Hepatic impairment:** No dose adjustment is recommended for patients with mild hepatic impairment total bilirubin </= ULN and AST > ULN, or total bilirubin 1 to 1.5 × ULN and any AST. Patients with moderate (total bilirubin > 1.5 to 3 × ULN) and severe hepatic impairment (total bilirubin > 3 × ULN) should be monitored more frequently for adverse reactions and appropriate dose adjustment should be made (see table 1). • **Renal impairment:** no dose adjustment required in renal impairment. • **Management of adverse reactions and dose adjustments:** • In the case of disease relapse, with 5% to 15% blasts in peripheral blood or bone marrow and clinical assessment, the treatment schedule can be increased from 14 days to 21 days followed by a 7-day break. Dosing should not exceed 21 days during any 28-day period. • For dose modification guidelines for haematological and non-haematological adverse reactions see table 1. • **Common drug interactions (for comprehensive list refer to BNF/SPC):** • No formal clinical drug-drug interaction studies have been conducted. • **Missed dose:** If a dose is missed, or not taken at the usual time, the dose should be taken as soon as possible on the same day**.** If a patient vomits following a dose of azacitidine, the patient should not take an additional dose and be instructed to take the next dose at its scheduled time. Two doses should not be taken on the same day. • **Driving**: Azacitidine may cause fatigue, caution is recommended when driving or operating machines. • For oral self-administration: refer to local Trust policy on oral anti-cancer medicines and supply Patient Information Leaflet.
References	https://mhraproducts4853.blob.core.windows.net/docs/1efccda585ea17e4ae5222a4b9245e7d7350ae51 CDF list V1.228 accessed online 06.09.2022 SPC accessed online 01.12.2022

NB For funding information, refer to CDF and NICE Drugs Funding List

Table 1 Dose adjustments for haematologic and non-haematologic adverse reactions

Criteria*	**Recommended action**
Grade 4 neutropenia ($<0.5 \times 10^9$ /L) or Grade 3 neutropenia with fever (ANC 0.5 to $<1 \times 10^9$ /L and fever >/= 38.5°C)	FIRST OCCURRENCE • Interrupt treatment: Resume at the same dose once neutrophils return to Grade 2 or lower. • Use supportive care (e.g. GCSF), as clinically indicated. OCCURRENCE IN 2 CONSECUTIVE CYCLES • Interrupt Treatment: Resume at a reduced dose of 200 mg after neutrophils return to Grade 2 or lower. • If a patient continues to experience the toxicity after dose reduction, reduce the treatment duration by 7 days. • If the toxicity continues or re-occurs after dose and schedule reduction, discontinue. • Use supportive care (e.g. GCSF), as clinically indicated.
Grade 4 (PLT $<25x\ 10^9$/L) thrombocytopenia or Grade 3 (PLT $25x\ 10^9$/L to $<50x\ 10^9$ /L) thrombocytopenia with bleeding	FIRST OCCURRENCE • Interrupt treatment: Resume at the same dose once platelets return to Grade 2 or lower. OCCURRENCE IN 2 CONSECUTIVE CYCLES • Interrupt treatment: Resume at a reduced dose of 200 mg after platelets return to Grade 2 or lower. • If a patient continues to experience the toxicity after dose reduction, reduce the treatment duration by **7 days.** • If the toxicity continues or re-occurs after dose and schedule reduction, discontinue.
Grade 3 or higher nausea, vomiting or diarrhoea	• Interrupt treatment: Resume at the same dose once toxicity has resolved to Grade 1 or lower. • Use supportive care such as anti-emetic therapy and treat diarrhoea at the onset of symptoms. • If event re-occurs, interrupt treatment until resolved to Grade 1 or lower and reduce the dose to 200 mg. • If a patient continues to experience the toxicity after dose reduction, reduce the treatment duration by 7 days. • If the toxicity continues or re-occurs after dose and schedule reduction, discontinue.
Other Grade 3 or higher non-haematological events	• Interrupt treatment and provide medical support according to local recommendations. Resume at the same dose once toxicity has resolved to Grade 1 or lower. • If the toxicity re-occurs, interrupt treatment until resolved to Grade 1 or lower and reduce dose to 200 mg. • If a patient continues to experience the toxicity after dose reduction, reduce the treatment duration by 7 days. • If the toxicity continues or re-occurs after dose and schedule reduction, discontinue.
* Grade 1 is mild, Grade 2 is moderate, Grade 3 is severe, Grade 4 is life-threatening. Toxicity Grades are in accordance with National Cancer Institute Common Terminology Criteria for Adverse Events Version 4.3 (NCI-CTCAE v4.3).	

Repeat every 28 days

TTO	Drug	Dose	Route	Directions
Day 1	Ondansetron (pre-medication only)	8mg	PO	Take 8mg 30 minutes before azacitidine dose for the first 2 cycles. If nausea and vomiting has not been reported omit pre-medication dose from cycle 3 onwards.
	AZACITIDINE	**300mg**	PO	OD for 14 days followed by a 14-day break. Swallow whole with a glass of water at the same time of day. Do not split, crush, chew or dissolve. Available as 200mg and 300mg tablets.
	Loperamide	2mg-4mg	PO	Take 4mg (2 capsules) initially, then 2mg (1 capsule) after each loose stool when required. Maximum 16mg (8 capsules) a day. Dispense 30 capsules on cycle 1 then only if specified.
	Metoclopramide	10mg	PO	10mg up to 3 times a day as required. Do not take for more than 5 consecutive days.