DESCRIPTION: Vidaza® (azacitidine injection) is a nucleoside analog of cytidine that is directly cytotoxic to abnormal hematopoietic cells in the bone marrow. In patients with myelodysplastic syndrome, azacitidine improves symptoms, decreases transfusion frequency, and reduces the rate of transformation to leukemia.

INDICATION(S): Azacitidine is approved for the treatment of all myelodysplastic syndrome subtypes.

REASONS FOR PA: ☑ Cost ☐ Potential for misuse ☑ Toxicity

CRITERIA for APPROVAL:
1. Patient has been diagnosed with myelodysplastic syndrome.
2. Physician understands the need for complete blood counts prior to each cycle to monitor response and toxicity.
3. Physician understands that the patient should be premedicated for nausea and vomiting prior to each treatment.

REASONS for DENIAL of BENEFIT:
1. Patient has a hypersensitivity to azacitidine, any of its components, or mannitol.
2. Patient has an advanced malignant hepatic tumor.
3. Patient does not meet above criteria.

RENEWAL CRITERIA: Review of past 4 months demonstrates improved hematologic parameters, reduced transfusion frequency, or other clinical improvement.

BENEFIT APPROVAL: Initial approval for a period of 6 months (6 treatment cycles)
Renewal approval period: 6 months

References: