Programme de
GESTION THÉRAPEUTIQUE
des médicaments

Intervention Plan
PGTM Clinical Intervention Model (CIM):
Descriptive analysis of 5-azacitidine use in Quebec's university teaching hospitals - 2015

Background:
Undertake concerted actions at the provincial level (specific interventions) regarding 5-azacitidine use in the Quebec university teaching hospitals (UTHs) that treat adult cancer patients. Institute measures that will apply to the four Quebec UTHs in question (a PGTM 5-azacitidine CIM).

The PGTM's scientific recommendations

In light of the results obtained for the population receiving 5-azacitidine, the PGTM recommends the following:

- Better document the diagnosis and follow-up to ensure the appropriate use of 5-azacitidine in patients who meet the criteria set out in the RAMQ's *List of Medications – Institutions* (which are identical to those in the PGTM's 2011 recommendation);
- Perform a bone marrow biopsy to check the decrease in the blast cell count after 6 and 12 months of treatment in the case of persistent cytopenia in patients treated for a myelodysplastic syndrome (MDS);
- Discontinue treatment as soon as one observes a progression or worsening of the cytopenia or an increase in the blast cell count after six cycles of treatment;
- Institute cost-reduction measures (grouping patients and freezing the unused portion of vials [stable for 23 days at a freezer temperature of -20 °C])[1].

1. Walker SE, Charbonneau LF, Law S, Earle C. Stability of Azacitidine in Sterile Water for Injection. *Can J Hosp Pharm* 2012;65(5):352-359.

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Objective: To ensure optimal 5-azacitidine use in Quebec's university teaching hospitals (UTHs).

Intervention measures: Each institution is to determine which interventions apply to its situation and make one or more of them priorities.

Timetable: Institute applicable measures in each UTH within 18 months, commencing with November 2015.

Intervention plan for the PGTM's 5-azacitidine CIM:

1. Present the results to the Pharmacy and Therapeutics Committee (and/or the Chemotherapy Subcommittee, if applicable);
2. Present the local results to the health professionals concerned, in particular, the pharmacists who work in hematology/oncology and the hematologists/oncologists;
3. Promote better documentation of the diagnosis by means of a preprinted prescription form where the required indication would have to be ticked to ensure appropriate 5-azacitidine use, that is, in patients who meet the criteria set out in the RAMQ's *List of Medications – Institutions* (which are identical to those in the PGTM's 2011 recommendation). In the case of chronic myelomonocytic leukemia (CMML), the prescriber must submit a case by case application (particular medical necessity request);
4. Document the bone marrow biopsy performed to check the decrease in the blast cell count after 6 and 12 months of treatment in the case of persistent cytopenia in patients treated for MDS;
5. Recommend that the treatment be discontinued as soon as one observes a progression or worsening of the cytopenia or an increase in the blast cell count after six cycles of treatment;
6. Institute cost-reduction measures (suggest grouping patients and freezing the unused portion of vials [stable for 23 days at a freezer temperature of -20°C]).