

use with grapefruit juice or receive vaccines; that there are many drug interactions; not to add new products without approval of prescriber

**Black Box Warning:** To limit UV exposure

- That treatment is lifelong to prevent rejection; to identify signs of rejection
- To report severe diarrhea because drug loss and rejection may result
- **About the signs of nephrotoxicity: increased B/P, tremors of the hands, changes in gums, increased hair on body, face**
- To continue with all lab work and follow-up appointments
- That types of products are not interchangeable
- Not to wash syringe/container with water; variation in dose may result
- To notify prescriber of all medications, herbal products, supplements that are taken
- **Pregnancy/breastfeeding: to use contraceptive measures during treatment, for 12 wk after ending therapy; to notify prescriber if pregnancy is planned or suspected; no well-controlled studies; use only if benefits outweigh risks; discontinue breastfeeding or product**

**⚠ HIGH ALERT**

**cytarabine (Rx)**

(syeh-tare'ah-been)

Cytosar 

**cytarabine liposomal (Rx)**

DepoCyt

*Func. class.:* Antineoplastic, antimetabolite

*Chem. class.:* Pyrimidine nucleoside analog

**Do not confuse:**

Cytosar/Cytovan/Cytovene

**ACTION:** Competes with physiologic substrate of DNA synthesis, thus

interfering with cell replication in the S phase of the cell cycle (before mitosis)

**USES:** Acute myelocytic leukemia, acute nonlymphocytic leukemia, chronic myelocytic leukemia; lymphomatous meningitis (intrathecal/intraventricular)

**Unlabeled uses:** Hodgkin's/non-Hodgkin's lymphoma, malignant meningitis, mantle cell lymphoma

**CONTRAINDICATIONS:** Pregnancy, hypersensitivity

**Precautions:** Breastfeeding, children, renal/hepatic disease, tumor lysis syndrome, infection, hyperkalemia, hyperphosphatemia, hyperuricemia, hypocalcemia

**Black Box Warning:** Bone marrow suppression, arachnoiditis, abdominal pain, nausea/vomiting of chemotherapy, diarrhea, hepatotoxicity; requires a specialized care setting and experienced clinician

**DOSAGE AND ROUTES**

**Regimens will vary**

**Acute myelogenous leukemia (AML)**

• **Adult:** **CONT IV INFUSION** 100 mg/m<sup>2</sup>/day × 7 days q2wk as single agent or 2-6 mg/kg/day (100-200 mg/m<sup>2</sup>/day) as a single dose or 2-3 divided doses for 5-10 days until remission, used in combination; maintenance 70-200 mg/m<sup>2</sup>/day for 2-5 days monthly; **SUBCUT/IM** maintenance 100 mg/m<sup>2</sup>/day × 5 days q28days

**Meningeal leukemia**

• **Adult/child:** **INTRATHECAL** For induction 50 mg (liposomal) q14days × 2 doses (wk 1, 3); consolidation 50 mg (liposomal) q14days × 3 doses (wk 5, 7, 9), then another dose at wk 13; maintenance 50 mg (liposomal) q28days (wk 17, 21, 25, 29)

**Refractory acute Hodgkin's/refractory non-Hodgkin's lymphoma (unlabeled)**

• **Adult/child:** **IV** 2 g/m<sup>2</sup>/day; on day 5 q21days, with etoposide, methylPREDNISolone, and CISplatin