



**Commercial/Healthcare Exchange PA Criteria**  
*Effective: February 6<sup>th</sup>, 2019*

**Prior Authorization:** Daurismo

**Products Affected:** Daurismo (glasdegib) oral tablets

**Covered Uses:** the treatment of newly-diagnosed acute myeloid leukemia (AML), in combination with low-dose cytarabine, for in adult patients who are  $\geq 75$  years old or who have comorbidities that preclude use of intensive induction chemotherapy.

**Exclusion Criteria:** N/A

**Required Medical Information:**

1. Diagnosis of newly-diagnosed acute myeloid leukemia (AML)
2. Medical history
3. Current medication regimen

**Age Restrictions:** 18 years of age or older

**Prescriber Restrictions:** Prescribed by, or in consultation with, an oncologist.

**Coverage Duration:**

Initial: 12 months

Continuation: 3 years

**Other Criteria:**

- A. Patient has newly-diagnosed acute myeloid leukemia (AML)
- B. The patient is using Daurismo in combination with cytarabine; AND
- C. The patient must meet one of the following criteria (i or ii):
  - a. The patient is  $\geq 75$  years of age; OR
  - b. According to the prescribing physician, the patient has comorbidities that preclude the use of intensive induction chemotherapy.

**References:**

1. Daurismo™ tablets [prescribing information]. New York, NY: Pfizer; November 2018.

**Policy Revision history**

Rev #	Type of Change	Summary of Change	Sections Affected	Date
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Last Res. July 1, 2019

1	New Policy	New Policy	All	01/02/2019
2	Policy Update	Added continuation coverage duration of 3 years	Coverage Duration	7/1/2019