



Commercial/Healthcare Exchange PA Criteria
Effective: February 6th, 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 ≥ 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 ≥ 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