Reference number(s)
2793-A

SPECIALTY GUIDELINE MANAGEMENT

DAURISMO (glasdegib)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications
Daurismo is indicated, in combination with low-dose cytarabine, for the treatment of newly-diagnosed acute myeloid leukemia (AML) in adult patients who are 75 years of age or older or who have comorbidities that preclude use of intensive induction chemotherapy.

Limitation of Use: Daurismo has not been studied in patients with the comorbidities of severe renal impairment or moderate-to-severe hepatic impairment.

All other indications are considered experimental/investigational and are not a covered benefit.

II. CRITERIA FOR INITIAL APPROVAL

Newly-diagnosed AML
Authorization of 12 months may be granted for treatment of newly-diagnosed AML when any of the following criteria is met:
A. Member is 75 years of age or older.
B. Member has comorbidities that preclude treatment with intensive induction chemotherapy.

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

IV. REFERENCES

1. Daurismo [package insert]. New York, NY: Pfizer, Inc.; November 2018.