# 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.

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