Clinical Policy Title:	glasdegib
Policy Number:	RxA.102
Drug(s) Applied:	Daurismo™
Original Policy Date:	02/07/2020
Last Review Date:	08/28/2024
Line of Business Policy Applies to:	All lines of business (except Medicare)

Clinical Policy

I. Initial Approval Criteria

A. Acute Myeloid Leukemia (AML) (must meet all)**:**

1. Member has a diagnosis of AML;
2. Member meets one of the following (a, b or c):
   a. Age ≥ 75 years;
   b. Age ≥ 18 years and medical justification supports inability to use intensive induction chemotherapy;
   c. Member responded to then relapsed after Daurismo induction therapy ≥ 12 months ago;
3. Prescribed in combination with low-dose cytarabine.

Approval Duration

All Lines of Business (except Medicare): 12 months

II. Continued Therapy Approval

A. Acute Myeloid Leukemia (AML) (must meet all)**:**

1. Auto-approval based on lookback functionality within the past 120 days as a proxy for member responding positively to therapy.

Approval duration

All Lines of Business (except Medicare): 12 months

References

1. National Comprehensive Cancer Network. Acute Myeloid Leukemia Version 2.2022. Available at: https://www.nccn.org/professionals/physician_gls/pdf/aml.pdf. Accessed August 28, 2024.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy was established.	01/01/2020	02/07/2020
Policy was reviewed. References updated.	04/30/2020	05/20/2020
Policy was reviewed and updated. 1. Clinical policy title and lines of business were updated. 2. Approval duration was updated for initial and continued approval criteria. 3. Continued therapy criteria II.A.1 was rephrased to “Currently receiving	01/20/2021	03/09/2021

medication that has been authorized by RxAdvance…". 4. References were reviewed and updated.		
Policy was reviewed and updated. 1. References were reviewed and updated.	11/23/2021	07/17/2022
Policy was reviewed and updated. 1. Initial Approval Criteria I.A.3.c: Updated to add Member responded to then relapsed after Daurismo induction therapy ≥ 12 months ago. 2. References were reviewed and updated.	10/07/2022	01/17/2023
Policy was reviewed.	10/19/2023	10/19/2023
Policy was reviewed: 1. Removed prescriber restrictions. 2. Removed dose restrictions. 3. Updated Continued therapy approval with auto-approval based on lookback functionality within the past 120 days. 4. Removed other reauthorization requirements including positive response to therapy. 5. Updated approval duration verbiage. 6. References were reviewed and updated.	08/28/2024	09/13/2024