Clinical Policy Title:	Quizartinib
Policy Number:	RxA.806
Drug(s) Applied:	Vanflyta®
Original Policy Date:	03/01/2024
Last Review Date:	03/01/2024
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

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

1. Patient hasnewly diagnosed AML with FTL3-ITD-positive mutation;
2. Patient meets all of the following (a, b, and c):
   a. Used in combination with cytarabine and daunorubicin for induction;
   b. Used in combination with cytarabine for consolidation;
   c. Used as maintenance monotherapy following consolidation.

Approval duration

All Lines of Business (except Medicare): 12 months

II. Continued Therapy Approval

A. Acute Myeloid Leukemia (must meet all):

1. Patient is currently receiving or has been treated with this medication within the past 90 days, excluding manufacturer samples.

Approval duration

All Lines of Business (except Medicare): 12 months

References

1. Cortes JE, Khaled S, Martinelli G, et al: Quizartinib verses salvage chemotherapy in relapsed or refractory FLT3-ITD acute myeloid leukaemia (QuANTUM-R): a multicentre, randomised, controlled, open-label, phase 3 trial [published correction appears in Lancet Oncol. 2019 Jul;20(7):e346].

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy established.	3/1/2024	2/28/2024