GLASDEGIB

Generic	Brand	HICL	GCN	Exception/Other
GLASDEGIB MALEATE	DAURISMO	45502		

GUIDELINES FOR USE

1. Does the patient have a diagnosis of newly-diagnosed acute myeloid leukemia (AML) **AND** meet the following criterion?
   - The requested medication will be used in combination with low-dose cytarabine

   If yes, continue to #2.
   If no, do not approve.
   DENIAL TEXT: See the denial text at the end of the guideline.

2. Does the patient meet **ONE** of the following criteria?
   - The patient is 75 years of age or older
   - The patient has comorbidities that prevent use of intensive induction chemotherapy

   If yes, **approve for 12 months by GPID as follows:**
   - **Daurismo 25mg (GPID 45797): #2 tablets per day.**
   - **Daurismo 100mg (GPID 45798): #1 tablet per day.**

   If no, do not approve.
   DENIAL TEXT: The guideline named **GLASDEGIB (Daurismo)** requires a diagnosis of newly-diagnosed acute myeloid leukemia (AML). In addition, the following criteria must be met:
   - The requested medication will be used in combination with low-dose cytarabine
   - The patient is 75 years of age or older, OR the patient has comorbidities that prevent use of intensive induction chemotherapy

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Daurismo.

REFERENCES

- Daurismo [Prescribing Information]. New York, NY: Pfizer Inc.; November 2018

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 04/01/19
Created: 01/19
Client Approval: 03/19
P&T Approval: 01/19