

# STANDARD COMMERCIAL DRUG FORMULARY PRIOR AUTHORIZATION GUIDELINES

## **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 Created: 01/19

Commercial Effective: 04/01/19 Client Approval: 03/19 P&T Approval: 01/19

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