STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

AZACITIDINE

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
AZACITIDINE	ONUREG		48545 48540	GPI-14 (21300003000330) (21300003000320)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of acute myeloid leukemia and meet **ALL** of the following criteria?
   - The patient is 18 years of age or older
   - The patient achieved first complete remission (CR) or complete remission with incomplete blood count recovery (CRi) following intensive induction chemotherapy
   - The patient is not able to complete intensive curative therapy

   If yes, **approve for 12 months for all strengths by GPID or GPI-14 with a quantity limit of #14 per 28 days.**
   If no, do not approve.
   DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

   Our guideline named **AZACITIDINE (Onureg)** requires the following rule(s) be met for approval:
   A. You have acute myeloid leukemia (AML: type of blood and bone marrow cancer with too many white blood cells)
   B. You are 18 years of age or older
   C. You have achieved first complete remission (CR: signs or symptoms of cancer have disappeared) or complete remission with incomplete blood count recovery (CRi) following intensive induction chemotherapy (medications for cancer)
   D. You are not able to complete intensive curative therapy (treatment to cure the disease)

   Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

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

REFERENCES

- Onureg [Prescribing Information]. Summit, NJ: Celgene Corporation; September 2020.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 01/01/21
Created: 10/20
Client Approval: 11/20
P&T Approval: 10/20