



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

VENETOCLAX

Generic	Brand	HICL	GCN	Exception/Other
VENETOCLAX	VENCLEXTA	43284		

**GUIDELINES FOR USE**

1. Does the patient have a diagnosis of chronic lymphocytic leukemia (CLL) **OR** small lymphocytic lymphoma (SLL) and meet the following criterion?
  - The patient is 18 years of age or older

If yes, **approve for 12 months for the requested strength by GPID with the following quantity limits:**

- **Venclexta Starting pack (GPID 41048): #42 tablets (1 pack) per 28 days.**
- **10mg tablet (GPID 41049): #2 tablets per day.**
- **50mg tablet (GPID 41051): #1 tablet per day.**
- **100mg tablet (GPID 41052): #4 tablets per day.**

If no, continue to #2.

2. Does the patient have newly-diagnosed acute myeloid leukemia (AML) and meet **ALL** of the following criteria?
  - The patient is 75 years of age or older, **OR** the patient is 18 years of age or older with comorbidities that preclude the use of intensive induction chemotherapy
  - The requested medication will be used in combination with azacitidine or decitabine

If yes, **approve for 12 months for the requested strength by GPID with the following quantity limits:**

- **10mg tablet (GPID 41049): #2 tablets per day.**
- **50mg tablet (GPID 41051): #1 tablet per day.**
- **100mg tablet (GPID 41052): #4 tablets per day.**

If no, continue to #3.

**CONTINUED ON NEXT PAGE**



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GUIDELINES FOR USE (CONTINUED)

3. Does the patient have newly-diagnosed acute myeloid leukemia (AML) and meet **ALL** of the following criteria?

- The patient is 75 years of age or older, **OR** the patient is 18 years of age or older with comorbidities that preclude the use of intensive induction chemotherapy
- The requested medication will be used in combination with low-dose cytarabine

If yes, **approve for 12 months for the requested strength by GPID with the following quantity limits:**

- **10mg tablet (GPID 41049): #2 tablets per day.**
- **50mg tablet (GPID 41051): #1 tablet per day.**
- **100mg tablet (GPID 41052): #6 tablets per day.**

If no, do not approve.

**DENIAL TEXT:** The guideline named **VENETOCLAX (Venclexta)** requires a diagnosis of chronic lymphocytic leukemia, small lymphocytic lymphoma, or newly-diagnosed acute myeloid leukemia (AML). In addition, the following must be met:

**For patients with chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL), approval requires:**

- The patient is 18 years of age or older

**For patients with newly-diagnosed acute myeloid leukemia (AML), approval requires:**

- The patient is 75 years of age or older, **OR** the patient is 18 years of age or older with comorbidities that preclude the use of intensive induction chemotherapy
- The requested medication will be used in combination with azacitidine or decitabine or low-dose cytarabine

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**RATIONALE**

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

**REFERENCES**

- Venclexta [Prescribing Information]. North Chicago, IL: Abbvie Inc.; May 2019.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 07/01/19

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P&T Approval: 07/19