

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Azacitidine (Onureg)

Notes:

- Onureg is not interchangeable with IV or SubQ azacitidine. Onureg is NOT indicated for patients with myelodysplastic syndrome (MDS).

Initiation (new start) criteria: Non-formulary **azacitidine (Onureg)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by an Oncologist or Hematologist
- Patient has a diagnosis of Acute Myeloid Leukemia (AML)
- Patient is at least 18 years of age
- Patient has completed induction chemotherapy
- Patient has achieved first complete remission (CR) **OR** complete remission with incomplete blood count recovery (CRi)
- Patient is not able to complete intensive curative therapy **OR** not able to complete maintenance therapy with injectable hypomethylating regimens (azacitidine IV/subQ, decitabine IV)