



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

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**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