Reference number(s)
2793-A

SPECIALTY GUIDELINE MANAGEMENT

DAURISMO (glasdegib)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications
Daurismo is indicated, in combination with low-dose cytarabine, for the treatment of newly diagnosed acute myeloid leukemia (AML) in adult patients who are ≥ 75 years old or who have comorbidities that preclude use of intensive induction chemotherapy.

Compendial Uses
1. Post induction therapy following response to previous therapy with the same regimen
2. Relapsed/refractory disease as a component of repeating the initial successful induction regimen

All other indications are considered experimental/investigational and not medically necessary.

II. CRITERIA FOR INITIAL APPROVAL

Acute Myeloid Leukemia (AML)
Authorization of 12 months may be granted for treatment of AML when all of the following criteria is met (A, B, and C):
A. The requested medication is used in combination with cytarabine
B. One of the following criteria is met:
    1. Member is 75 years of age or older.
    2. Member has comorbidities that preclude treatment with intensive induction chemotherapy.
C. The requested medication will be used as treatment for induction therapy, post-induction therapy, or relapsed/refractory disease.

III. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in Section II when there is no evidence of disease progression or an unacceptable toxicity while on the current regimen.

IV. REFERENCES

1. Daurismo [package insert]. New York, NY: Pfizer, Inc.; March 2020.
2. The NCCN Drugs & Biologics Compendium® © 2021 National Comprehensive Cancer Network, Inc. Available at: https://www.nccn.org Accessed January 14, 2021.

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