

<b>Clinical Policy Title:</b>	Quizartinib
<b>Policy Number:</b>	RxA.806
<b>Drug(s) Applied:</b>	Vanflyta®
<b>Original Policy Date:</b>	03/01/2024
<b>Last Review Date:</b>	03/01/2024
<b>Line of Business Policy Applies to:</b>	All lines of business (except Medicare)

**Criteria**

**I. Initial Approval Criteria**

**A. Acute Myeloid Leukemia (AML) (must meet all):**

1. Patient has newly diagnosed AML with FLT3-ITD-positive mutation;
2. Patient meets all of the following (a, b, and c):
  - a. Used in combination with cytarabine and daunorubicin for induction;
  - b. Used in combination with cytarabine for consolidation;
  - c. Used as maintenance monotherapy following consolidation.

**Approval duration**

**All Lines of Business (except Medicare):** 12 months

**II. Continued Therapy Approval**

**A. Acute Myeloid Leukemia (must meet all):**

1. Patient is currently receiving or has been treated with this medication within the past 90 days, excluding manufacturer samples.

**Approval duration**

**All Lines of Business (except Medicare):** 12 months

**References**

1. Cortes JE, Khaled S, Martinelli G, et al: Quizartinib versus salvage chemotherapy in relapsed or refractory FLT3-ITD acute myeloid leukaemia (QuANTUM-R): a multicentre, randomised, controlled, open-label, phase 3 trial [published correction appears in Lancet Oncol. 2019 Jul;20(7):e346].

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy established.	3/1/2024	2/28/2024

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.