

Clinical Policy Title:	Quizartinib
Policy Number:	RxA.806
Drug(s) Applied:	Vanflyta®
Original Policy Date:	03/01/2024
Last Review Date:	12/11/2025
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

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

1. Patient has documented newly diagnosed AML with FTL3-ITD-positive mutation;
2. Patient meets all of the following (a, b, and c):
 - a. Used in combination with cytarabine and anthracycline for induction;
 - b. Used in combination with cytarabine for consolidation;
 - c. Used as maintenance monotherapy following consolidation chemotherapy.

Approval duration

All Lines of Business (except Medicare): 12 months

II. Continued Therapy Approval

A. Acute Myeloid Leukemia (must meet all):

1. Member is currently receiving medication in the past 120 days that has been authorized by RxAdvance or the member has met initial approval criteria.

Approval duration

All Lines of Business (except Medicare): 12 months

References

1. Cortes JE, Khaled S, Martinelli G, et al: Quizartinib verses 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
Policy was reviewed: 1. Updated continuation of therapy language.	03/24/2025	04/10/2025
Policy reviewed.	12/11/2025	12/11/2025

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