Clinical Policy Title:	glasdegib
Policy Number:	RxA.102
Drug(s) Applied:	Daurismo™
Original Policy Date:	02/07/2020
Last Review Date:	03/09/2021
Line of Business Policy Applies to:	All lines of business

Background

Glasdegib is a hedgehog (Hh) pathway inhibitor and 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 of age or older or who have comorbidities that preclude the use of intensive induction chemotherapy.

Limitation(s) of use: Glasdegib has not been studied in patients with the comorbidities of severe renal impairment or moderate-to-severe hepatic impairment.

Dosing Information

Drug Name	Indication	Dosing Regimen	Maximum Dose
glasdegib (Daurismo™)	AML	100 mg PO once daily on days 1 to 28, in combination with cytarabine 20 mg SC twice daily on days 1 to 10 of each 28-day cycle.	100 mg/day

Dosage Forms

- Tablets: 25 mg, 100 mg

Clinical Policy

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

I. Initial Approval Criteria

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

1. Member has a diagnosis of AML;
2. Prescribed by or in consultation with an oncologist or hematologist;
3. Member meets one of the following (a or b):
   a. Member is 75 years of age or older; or
   b. Member is 18 years of age or older and medical justification supports inability to use intensive induction chemotherapy (*see Appendix D for examples*);
4. Prescribed in combination with low-dose cytarabine;
5. Request meets one of the following (a or b):
   a. Dose does not exceed 100 mg (1 tablet) per day;

b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration
Commercial: 12 months
Medicaid: 12 months

II. Continued Therapy Approval

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

1. Member is currently receiving medication that has been authorized by RxAdvance or member has previously met initial approval criteria listed in this policy;
2. Member is responding positively to therapy (e.g., no evidence of disease progression);
3. Prescribed in combination with low-dose cytarabine;
4. If request is for a dose increase, request meets one of the following (a or b):
   a. New dose does not exceed 100 mg (1 tablet) per day;
   b. New dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

Approval duration
Commercial: 12 months
Medicaid: 12 months

III. Appendices

APPENDIX A: Abbreviation/Acronym Key
AML: acute myeloid leukemia
FDA: Food and Drug Administration
Hh: Hedgehog
SC: Subcutaneous/Subcutaneously

APPENDIX B: Therapeutic Alternatives
Not applicable

APPENDIX C: Contraindications/Boxed Warnings

- Contraindication(s):
  - None reported

- Boxed Warning(s):
  - Glasdegib is embryotoxic, fetotoxic, and teratogenic in animals. Since glasdegib can cause embryo-fetal death or severe birth defects when administered to a pregnant woman, conduct pregnancy testing in females of productive potential prior to initiation of glasdegib . Advise males and females to use effective contraception.

APPENDIX D: General Information

- The management of AML is divided into induction and post remission (consolidation) therapy. Induction usually includes intensive chemotherapy (e.g., standard [100-200 mg/m^2] or high [2 g/m^2] dose cytarabine, fludarabine), but many adults with AML are unable to undergo intensive chemotherapy due to its toxicities. Some examples of reasons why members may not qualify for intensive induction chemotherapy include, but are not limited to:
  - Baseline Eastern Cooperative Oncology Group (ECOG) performance status 2 or greater;

- Severe cardiac comorbidity (e.g., history of congestive heart failure requiring treatment, ejection fraction 50% or less, or chronic stable angina);
- Baseline creatinine greater than 1.3 mg/dL; and
- Member is age 60 years of age or older and declines intensive chemotherapy.

References

1. Daurismo Prescribing Information. New York, NY: Pfizer, Inc.; March 2020. Available at: http://labeling.pfizer.com/ShowLabeling.aspx?id=11336. Accessed January 20, 2021.
2. National Comprehensive Cancer Network. Acute Myeloid Leukemia Version 2.2021. Available at: https://www.nccn.org/professionals/physician_gls/pdf/aml.pdf. Accessed January 20, 2021.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy was established.	01/01/2020	02/07/2020
Policy was reviewed. References updated.	04/30/2020	05/20/2020
Policy was reviewed and updated. 1. Clinical policy title and lines of business were updated. 2. Approval duration was updated for initial and continued approval criteria. 3. Continued therapy criteria II.A.1 was rephrased to "Currently receiving medication that has been authorized by RxAdvance…". 4. References were reviewed and updated.	01/20/2021	03/09/2021