

**Daurismo (glasdegib)  
Effective 10/01/2021**

<b>Plan</b>	<input checked="" type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit (NLX)		
<b>Specialty Limitations</b>	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	N/A		

### Overview

Daurismo is an antineoplastic medication classified as a Hedgehog pathway inhibitor. Due to the role of aberrant Hedgehog signaling in tumor progression and cancer stem cell maintenance across cancer types, inhibition of the Hedgehog signaling pathway can be a useful strategy for restricting tumor growth and for preventing the recurrence of the disease post-surgery, post-radiotherapy, or post-chemotherapy.

### Coverage Guidelines

Authorization may be reviewed for members new to AllWays Health Partners who are currently receiving treatment with Daurismo excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

#### OR

Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:

1. The member is newly diagnosed with Acute Myeloid Leukemia (AML)
2. The member will be using Daurismo in combination with cytarabine
3. ONE of the following is met:
  - a. The member is 75 years of age or older
  - b. The member has comorbidities that preclude treatment with intensive induction chemotherapy

### Continuation of Therapy

Reauthorization may be granted for continued Daurismo treatment when documentation has been provided supporting no evidence of disease progression or unacceptable toxicity.

### Limitations



1. Initial and reauthorization approvals will be granted for 12 months
2. The following quantity limits apply:

Daurismo 25mg	60 tablets per 30 days
Daurismo 100mg	30 tablets per 30 days

### References

1. Daurismo (glasdegib) [prescribing information]. New York, NY: Pfizer Labs; March 2020
2. Cortes JE, Heidel FH, Hellmann A, et al. Randomized comparison of low dose cytarabine with or without glasdegib in patients with newly diagnosed acute myeloid leukemia or high-risk myelodysplastic syndrome. *Leukemia* 2019; 33:379.
3. Zeidan AM, Wang R, Wang X, et al. Clinical outcomes of older patients with AML receiving hypomethylating agents: a large population-based study in the United States. *Blood Adv* 2020; 4:2192

### Review History

07/21/2021- Reviewed at July P&T; switched for CVS SGM to AllWays Health Partners custom template. Effective 10/01/2021.

### Disclaimer

AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.