Daurismo (glasdegib)
Effective 10/01/2021

<table>
<thead>
<tr>
<th>Plan</th>
<th>Program Type</th>
<th>Benefit</th>
<th>Specialty Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ MassHealth</td>
<td>☒ Prior Authorization</td>
<td>☒ Pharmacy Benefit</td>
<td>This medication has been designated specialty and must be filled at a contracted specialty pharmacy.</td>
</tr>
<tr>
<td>☒ Commercial/Exchange</td>
<td>☒ Quantity Limit</td>
<td>☒ Medical Benefit (NLX)</td>
<td></td>
</tr>
</tbody>
</table>

**Specialty Medications**
All Plans | Phone: 866-814-5506 | Fax: 866-249-6155

**Non-Specialty Medications**
- 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

**Medical Specialty Medications (NLX)**
All Plans | Phone: 844-345-2803 | Fax: 844-851-0882

**Exceptions**
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**
399 Revolution Drive, Suite 810, Somerville, MA 02145 | allwayshealthpartners.org
1. Initial and reauthorization approvals will be granted for 12 months
2. The following quantity limits apply:

<table>
<thead>
<tr>
<th>Daurismo 25mg</th>
<th>60 tablets per 30 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daurismo 100mg</td>
<td>30 tablets per 30 days</td>
</tr>
</tbody>
</table>

References
1. Daurismo (glasdegib) [prescribing information]. New York, NY: Pfizer Labs; March 2020

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.