Daurismo (glasdegib)
Effective 10/01/2021

Plan	☒ MassHealth ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☒ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☒ Medical Benefit (NLX)		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**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.

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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

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