

Generic Name: quizartinib Therapeutic Class or Brand Name: Vanflyta Applicable Drugs: N/A Preferred: N/A Non-preferred: N/A Date of Origin: 8/26/2024 Date Last Reviewed / Revised: N/A

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through VII are met)

- I. Patient aged \geq 18 years old.
- II. Chart notes documenting newly diagnosed acute myeloid leukemia (AML) that is FLT3 internal tandem duplication (ITD) positive by an FDA-approved test.
- III. Documented use in combination with standard cytarabine and anthracycline induction and cytarabine consolidation regimens or as maintenance monotherapy following consolidation chemotherapy.
- IV. Documented Eastern Cooperative Oncology Group (ECOG) performance status of 0–2.
- V. Provider and pharmacy are enrolled in the VANFLYTA risk and Mitigation strategy (REMS) program.
- VI. Must be prescribed by a board-certified hematologist or oncologist.
- VII. Prescribed according to FDA labeling, or its use is supported by current clinical practice guidelines.

EXCLUSION CRITERIA

- Maintenance monotherapy following allogeneic hematopoietic stem cell transplantation.
- Patients with severe hypokalemia, severe hypomagnesemia, long QT syndrome, or in patients with a history of ventricular arrhythmias or torsades de pointes.

OTHER CRITERIA

• N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

• 17.7mg or 26.5mg tablet: 28/28 days

APPROVAL LENGTH



- Authorization: 6 months
- **Re-Authorization:** 12 months with documentation of absence of disease progression while on therapy.

APPENDIX

N/A

REFERENCES

- Vanflyta. Prescribing information. Daiichi Sankyo, Inc; July 2023. Accessed June 22, 2024. https://daiichisankyo.us/prescribing-information portlet/getPlContent?productName=Vanflyta&inline=true
- Erba HP, Montesinos P, Kim HJ, et al; QuANTUM-First Study Group. Quizartinib plus chemotherapy in newly diagnosed patients with FLT3-internal-tandem-duplication-positive acute myeloid leukaemia (QUANTUM-First): a randomised, double-blind, placebo-controlled, phase 3 trial. *Lancet*. 2023;401(10388):1571-1583. doi: 10.1016/S0140-6736(23)00464-6
- 3. Acute Myeloid Leukemia 3.2024. © National Comprehensive Cancer Network, Inc. 2024. All rights reserved. Accessed June 22, 2024.

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.