



## Pre - PA Allowance

None

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## Prior-Approval Requirements

### Diagnoses

Patient must have **ONE** of the following:

1. Relapsed or refractory CD33-positive acute myeloid leukemia (AML)
  - a. 2 years of age or older
2. Newly-diagnosed CD33-positive acute myeloid leukemia (AML)
  - a. 1 month of age or older
  - b. Age 1 month – 17 years of age **only**: used in combination with standard chemotherapy

**AND ALL** of the following:

1. CD33-positive AML as detected by FDA-approved test
2. Prescriber agrees to monitor ALT, AST, total bilirubin, and alkaline phosphatase prior to each dose of Mylotarg

## Prior - Approval Limits

**Duration** 12 months

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## Prior – Approval *Renewal* Requirements

**Age** 1 month of age or older

### Diagnosis

Patient must have the following:

CD33-positive acute myeloid leukemia (AML)

**AND ALL** of the following:

- a. **NO** disease progression or unacceptable toxicity
- b. Prescriber agrees to monitor ALT, AST, total bilirubin, and alkaline phosphatase prior to each dose of Mylotarg

## Prior - Approval *Renewal* Limits

Same as above