

VANFLYTA (quizartinib)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Newly diagnosed acute myeloid leukemia (AML)

AND ALL of the following:

- FLT3 internal tandem duplication (ITD)-positive AML detected by an FDAapproved test
- 2. Patient has **ONE** of the following:
 - a. Used in combination with standard cytarabine and anthracycline induction
 - b. Used in combination with cytarabine consolidation
 - c. Used as maintenance monotherapy following consolidation chemotherapy
- 3. Baseline QTcF ≤ 450 ms
- 4. If indicated, hypokalemia and hypomagnesemia will be corrected prior to initiating therapy
- 5. Prescriber is certified in the Vanflyta REMS program
- 6. Females of reproductive potential **only**: patient will be advised to use effective contraception during therapy and for at least 7 months after the last dose
- 7. Males with female partners of reproductive potential **only**: patient will be advised to use effective contraception during therapy and for at least 4 months after the last dose

Prior - Approval Limits

Quantity 53 mg per day

Duration 12 months

Vanflyta FEP Clinical Criteria



VANFLYTA (quizartinib)

Prior - Approval Renewal Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Acute myeloid leukemia (AML)

AND ALL of the following:

- 1. **NO** disease progression or unacceptable toxicity
- 2. Prescriber agrees to monitor for QTc prolongation
- 3. Prescriber agrees to monitor for hypokalemia and hypomagnesemia
- 4. Females of reproductive potential **only**: patient will be advised to use effective contraception during therapy and for at least 7 months after the last dose
- Males with female partners of reproductive potential only: patient will be advised to use effective contraception during therapy and for at least 4 months after the last dose

Prior - Approval Renewal Limits

Same as above