



Pre - PA Allowance

None

Prior-Approval Requirements

Age 1 year of age and older

Diagnoses

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

1. Therapy-related acute myeloid leukemia (t-AML)
2. Acute myeloid leukemia with Myelodysplasia-related changes (AML-MRC)

AND ALL of the following:

- a. Inadequate response, intolerance (high risk) or contraindication to the use of daunorubicin and cytarabine separately
- b. Prescriber agrees **NOT** to interchange with other daunorubicin and/or cytarabine containing products
- c. Prescriber agrees to do an electrocardiogram (ECG) and assess cardiac function by multi-gated radionuclide angiography (MUGA) scan or echocardiography (ECHO) prior to administering Vyxeos
- d. Prescriber agrees to monitor complete blood counts and urine copper levels on a regular basis

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 1 year of age and older

Diagnoses

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

1. Therapy-related acute myeloid leukemia (t-AML)



**BlueCross.
BlueShield.**

Federal Employee Program.

VYXEOS

(daunorubicin and cytarabine)

2. Acute myeloid leukemia with Myelodysplasia-related changes (AML-MRC)

AND ALL of the following:

- a. **NO** disease progression or unacceptable toxicity
- b. Prescriber agrees **NOT** to interchange with other daunorubicin and/or cytarabine containing products
- c. Prescriber agrees to monitor complete blood counts and urine copper levels on a regular basis

Prior - Approval *Renewal* Limits

Same as above