

Specialty Guideline Management

Daurismo

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Daurismo	glasdegib

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication¹

Daurismo is indicated, in combination with low-dose cytarabine, for the treatment of newly diagnosed acute myeloid leukemia (AML) in adult patients who are ≥ 75 years old or who have comorbidities that preclude use of intensive induction chemotherapy.

Compendial Uses²

Post induction/consolidation therapy for AML

All other indications are considered experimental/investigational and not medically necessary.

Documentation

Submission of the following information is necessary to initiate the prior authorization review: laboratory report or chart notes documenting IDH1 mutational status.

Coverage Criteria

Acute Myeloid Leukemia (AML)^{1,2}

Authorization of 12 months may be granted for treatment of AML when all of the following criteria is met:

- The requested medication is used in combination with low-dose cytarabine
- One of the following criteria is met:
 - Member is 75 years of age or older.
 - Member has comorbidities that preclude treatment with intensive induction chemotherapy or declines intensive induction chemotherapy.
- The requested medication will be used in any of the following clinical settings:
 - As low-intensity induction therapy for AML without IDH1 mutation
 - As post-induction/consolidation therapy following response to previous therapy with the same regimen

Continuation of Therapy

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in the Coverage Criteria section when there is no evidence of disease progression or an unacceptable toxicity while on the current regimen.

References

1. Daurismo [package insert]. New York, NY: Pfizer, Inc.; December 2024.
2. The NCCN Drugs & Biologics Compendium® © 2025 National Comprehensive Cancer Network, Inc. Available at: <https://www.nccn.org>. Accessed December 19, 2025.