

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

Vidaza (azacitidine)

Override	Approval Duration
Prior Authorization	1 year

Medications
Vidaza (azacitidine)

APPROVAL CRITERIA

Requests for Vidaza (azacitidine) may be approved if the following criteria are met:

- I. Individual has a diagnosis of myelodysplastic syndrome (MDS);

OR

- II. Individual has a diagnosis of acute myelogenous leukemia (AML), and one of the following are met (NCCN 2A):
 - A. Azacitidine is used as a single agent for individuals 60 years of age and older or individuals who cannot tolerate more aggressive regimens; **OR**
 - B. Azacitidine is used in combination with venetoclax for individuals 75 years of age and older or individuals who cannot tolerate more aggressive regimens (NCCN 2A, DiNardo 2019); **OR**
 - C. Azacitidine is used in combination with sorafenib for relapsed or refractory AML with FLT3-ITD mutations; **OR**
 - D. Individual has AML arising from MDS.

Requests for Vidaza (azacitidine) may **not** be approved when the above criteria are not met and for all other indications.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

- Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2019. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
- DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: April 25, 2019.
- DiNardo CD, Pratz K, Pullarkat V, et al. Venetoclax combined with decitabine or azacitidine in treatment-naïve, elderly patients with acute myeloid leukemia. *Blood* 2019;133:7-17
- DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
- Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.
- NCCN Clinical Practice Guidelines in Oncology™. © 2019 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on March 30, 2019.

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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.
CRX-ALL-0422-19

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Applicable	X	X	X	X	X	X	X

- a. Acute Myeloid Leukemia. V2.2019. Revised March 8, 2019.
- b. Myelodysplastic Syndromes. V2.2019. Revised October 18, 2018.

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