

azacitidine tablet (ONUREG)

Diagnosis Considered for Coverage:

- Acute myelogenous leukemia (AML)

Coverage Criteria:

For diagnosis listed above:

- Provider attestation that patient had a complete response or complete remission to at least one course of AML induction therapy, **and**
- Being used as a single agent, **and**
- Dose does not exceed 300 mg daily on days 1 through 14 every 28-day cycle, **and**
- One of the following:
 - Provider attestation that patient is not a candidate to receive conventional consolidation therapies (i.e. stem cell transplant, HiDAC, standard dose cytarabine), or
 - Patient completed conventional consolidation therapy

Coverage Duration: one year

Effective Date: 6/28/2023