

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Venetoclax (Venclexta)

Notes: Tumor Lysis Syndrome prevention/monitoring is required based on patient risk factors outlined in the package insert. Dose adjustment may be necessary when used in combination with CYP3A and P-gp inhibitors. Consult package insert for guidance.

Initiation (new start) criteria: Formulary **venetoclax (Venclexta)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by an Oncologist or Hematologist
- AND-**
- Diagnosis of Chronic lymphocytic leukemia (CLL), or Small lymphocytic lymphoma (SLL)

-OR-

- Prescribed by an Oncologist or Hematologist
- Newly diagnosed acute myeloid leukemia (AML)

-AND-

- Patient is 75 years or older

-OR-

- Patient has comorbidities that preclude use of intensive induction chemotherapy
- AND-** Venetoclax is used in combination with azacitidine or decitabine or low-dose cytarabine