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Section:	Prescription Drugs	**Effective Date:**	January 1, 2025
Subsection:	Antineoplastic Agents	**Original Policy Date:**	August 18, 2023
Subject:	Vanflyta	**Page:**	1 of 5

Last Review Date: December 13, 2024

Vanflyta

Description

Vanflyta (quizartinib)

Background
Vanflyta (quarzartinib) is a small molecule inhibitor of the receptor tyrosine kinase FLT3. Vanflyta and its major active metabolite AC886 bind to the adenosine triphosphate (ATP) binding domain of FLT3 with comparable affinity, and both had a 10-fold lower affinity towards FLT3-ITD mutation compared to FLT3 in binding assay. Vanflyta and AC886 inhibited FLT3 kinase activity, preventing autophosphorylation of the receptor, thereby inhibiting downstream FLT3 receptor signaling and blocking FLT3-ITD-dependent cell proliferation (1).

Regulatory Status
FDA-approved indications: Vanflyta is a kinase inhibitor indicated in combination with standard cytarabine and anthracycline induction and cytarabine consolidation, and as maintenance monotherapy following consolidation chemotherapy, for the treatment of adult patient with newly diagnosed acute myeloid leukemia (AML) that is FLT3 internal tandem duplication (ITD)-positive as detected by an FDA-approved test (1).

Limitations of Use: (1)

1. Vanflyta is not indicated as maintenance monotherapy following allogeneic hematopoietic stem cell transplantation (HSCT); improvement in overall survival with Vanflyta in this setting has not been demonstrated.

Vanflyta includes a boxed warning citing the risks of QT interval prolongation. Prior to Vanflyta administration and periodically, perform electrocardiograms (ECGs), monitor for hypokalemia or

hypomagnesemia, and correct deficiencies. Torsades de pointes and cardiac arrest have occurred in patients receiving Vanflyta. Do not administer Vanflyta to patients with severe hypokalemia, severe hypomagnesemia, or long QT syndrome. Do not initiate treatment or escalate the dose if the QT interval corrected by Fridericia's formula (QTcF) is greater than 450 ms. Monitor ECGs more frequently if concomitant use of drugs known to prolong the QT interval is required. Reduce the Vanflyta dose when used concomitantly with strong CYP3A inhibitors, as they may increase Vanflyta exposure. Because of the risks QT prolongation, Vanflyta is available only through a restricted program called the Vanflyta Risk Evaluation and Mitigation Strategy (REMS) (1).

Vanflyta can cause fetal harm when administered to a pregnant women. Advise females of reproductive potential to use effective contraception during treatment with Vanflyta and for 7 months after the last dose. Advise males with female partners of reproductive potential to use effective contraception during treatment with Vanflyta and for 4 months after the last dose (1).

Safety and effectiveness in pediatric patients less than 18 years of age have not been established (1).

Related policies
Rydapt, Xospata

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Vanflyta may be considered **medically necessary** if the conditions indicated below are met.

Vanflyta may be considered **investigational** for all other indications.

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Newly diagnosed acute myeloid leukemia (AML)

AND ALL of the following:

1. FLT3 internal tandem duplication (ITD)-positive AML detected by an FDA-approved test
2. Patient has **ONE** of the following:
    a. Used in combination with standard cytarabine and anthracycline induction
    b. Used in combination with cytarabine consolidation
    c. Used as maintenance monotherapy following consolidation chemotherapy
3. Baseline QTcF ≤ 450 ms
4. If indicated, hypokalemia and hypomagnesemia will be corrected prior to initiating therapy
5. Prescriber is certified in the Vanflyta REMS program
6. Females of reproductive potential **only**: patient will be advised to use effective contraception during therapy and for at least 7 months after the last dose
7. Males with female partners of reproductive potential **only**: patient will be advised to use effective contraception during therapy and for at least 4 months after the last dose

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Acute myeloid leukemia (AML)

AND ALL of the following:

1. **NO** disease progression or unacceptable toxicity
2. Prescriber agrees to monitor for QTc prolongation
3. Prescriber agrees to monitor for hypokalemia and hypomagnesemia
4. Females of reproductive potential **only**: patient will be advised to use effective contraception during therapy and for at least 7 months after the last

dose

5. Males with female partners of reproductive potential **only**: patient will be advised to use effective contraception during therapy and for at least 4 months after the last dose

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Quantity 53 mg per day

Duration 12 months

Prior – Approval *Renewal* Limits

Same as above

Rationale

Summary

Vanflyta is a kinase inhibitor indicated for the treatment of FLT3 ITD-positive acute myeloid leukemia. Vanflyta may prolong the QT interval. Therefore, ECGs should be performed periodically and hypokalemia and hypomagnesemia should be monitored and corrected for deficiencies (1).

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of Vanflyta while maintaining optimal therapeutic outcomes.

References

1. Vanflyta [package insert]. Basking Ridge, NJ: Daiichi Sankyo, Inc.; June 2024.
2. NCCN Clinical Practice Guidelines in Oncology® Acute Myeloid Leukemia (Version 3.2024). National Comprehensive Cancer Network, Inc. May 2024. Accessed on October 3, 2024.

Policy History

Date	Action

August 2023	Addition to PA
December 2023	Annual review
December 2024	Annual editorial review and reference update

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on December 13, 2024 and is effective on January 1, 2025.