

PA Description	Venetoclax (Venclexta)
Managed by	Managed Care Organizations (MCOs) contracted by the Puerto Rico Health Insurance Administration (known in Spanish as <i>Administración de Seguros de Salud</i> or ASES) to provide pharmacy services to the insured of the Government Health Plan.
Covered Uses	All FDA approved indications: (a) For the treatment of patients with chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL) (ICD-10-CM C91.1, ICD-10-CM C83.00) (b) In combination with azacitidine or decitabine or low-dose cytarabine for the treatment of newly-diagnosed acute myeloid leukemia (AML) in adults who are age 75 years or older, or who have comorbidities that preclude use of intensive induction chemotherapy. (ICD-10-CM C92.62)
Exclusion Criteria	(a)None
Required Medical Information	For newly-diagnosed acute myeloid leukemia (AML): (a) For the first prescription only: Document if the patient is ≥75 years old or if the patient has comorbidities that preclude use of intensive induction chemotherapy. (b) For the first prescription only: Document if the patient is newly diagnosed. (c) Document use in combination with low-dose cytarabine or azacitidine or decitabine.
Age Restriction	(a) None
Prescriber Restriction	(a) Hematologist / Oncologist
Coverage Duration	(a) One (1) year
Other Criteria	(a) None