RxAdvance

Clinical Policy Title:	imatinib mesylate
Policy Number:	RxA.788
Drug(s) Applied:	Imatinib, Gleevec®
Original Policy Date:	04/13/2023
Last Review Date:	04/01/2024
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. **Initial Approval Criteria**
   A. **FDA Labelled Indications** (must meet all):
      1. Diagnosis of one of the following:
         a. Philadelphia chromosome (Ph+/BCR-ABL+) Chronic Myelogenous/Myeloid Leukemia
         b. Ph+/BCR-ABL+ Acute Lymphoblastic Leukemia/Acute Lymphoblastic Lymphoma (ALL);
         c. Myelodysplastic/Myeloproliferative Disease (MDS/MPD) with platelet-derived growth factor receptor (PDGFR) gene arrangements;
         d. Aggressive Systemic Mastocytosis (ASM)
         e. Hypereosinophilic Syndrome (HES) and/or Chronic Eosinophilic Leukemia (CEL)
         f. Dermatofibrosarcoma Protuberans (DFSP) that is unresectable, recurrent, and/or metastatic
         g. Gastrointestinal Stromal Tumors (GIST).

      Initial Approval Duration
      All Lines of Business (except Medicare): 12 months

II. **Continued Therapy Approval**
   A. **All Indications in Section I** (must meet all):
      1. Member is currently receiving or has been treated with this medication within the past 90 days, excluding manufacturer samples.

      Approval Duration
      All Lines of Business (except Medicare): 12 months

References

1. National Comprehensive Cancer Network Guidelines. Chronic Myeloid Leukemia. Version 1.2023. Available at: https://www.nccn.org/professionals/physician_gls/pdf/cml.pdf. Accessed January 30, 2023.
2. National Comprehensive Cancer Network Guidelines. Pediatric Acute Lymphoblastic Leukemia. Version 1.2023. Available at: https://www.nccn.org/professionals/physician_gls/pdf/ped_all.pdf. Accessed January 30, 2023.
3. National Comprehensive Cancer Network Guidelines. Gastrointestinal Stromal Tumors (GISTs). Version 2.2022. Available at: https://www.nccn.org/professionals/physician_gls/pdf/gist.pdf. Accessed January 30, 2023.
4. National Comprehensive Cancer Network Guidelines. Myeloid/Lymphoid Neoplasms with Eosinophilia and Tyrosine Kinase Fusion Genes Version 2.2022. Available at: https://www.nccn.org/professionals/physician_gls/pdf/mlne.pdf. Accessed January 30, 2023.
5. National Comprehensive Cancer Network Guidelines. Dermatofibrosarcoma Protuberans Version 2.2022. Available at: https://www.nccn.org/professionals/physician_gls/pdf/sarcoma.pdf. Accessed January 30, 2023.

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

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6. National Comprehensive Cancer Network Guidelines. Hematopoietic Cell Transplantation Version 3.2022. Available at: https://www.nccn.org/professionals/physician_gls/pdf/hct.pdf. Accessed January 30, 2023.
7. National Comprehensive Cancer Network Guidelines. Kaposi Sarcoma Version 1.2023. Available at: https://www.nccn.org/professionals/physician_gls/pdf/kaposi.pdf. Accessed January 30, 2023.
8. National Comprehensive Cancer Network Guidelines. Melanoma: Cutaneous Version 1.2023. Available at: https://www.nccn.org/professionals/physician_gls/pdf/cutaneous_melanoma.pdf. Accessed January 30, 2023.
9. National Comprehensive Cancer Network Guidelines. Soft Tissue Sarcoma Version. 2.2022. Available at: https://www.nccn.org/professionals/physician_gls/pdf/sarcoma.pdf. Accessed January 30, 2023.
10. National Comprehensive Cancer Network Guidelines. Systemic Mastocytosis Version. 2.2022. Available at: https://www.nccn.org/professionals/physician_gls/pdf/mastocytosis.pdf. Accessed January 30, 2023.
11. National Comprehensive Cancer Network Guidelines. Myelodysplastic Syndromes Version 1.2023. Available at: https://www.nccn.org/professionals/physician_gls/pdf/mds.pdf. Accessed January 30, 2023.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	01/30/2023	04/13/2023
Policy was reviewed.	10/19/2023	10/19/2023
Policy was reviewed: 1. I.A.3: Removed age criteria 2. Removed all off-label dosing criteria 3. 4. Revised indication criteria 5. Updated initial therapy approval to 12 monthsII.A: Revised statement for continued therapy approval and removed dosing 6. Removed Prescriber restrictions	04/03/2024	

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