Clinical Policy Title:	Tyrosine Kinase Inhibitors for Leukemia
Policy Number:	RxA.815
Drug(s) Applied:	Iclusig, Scemblix, Sprycel, Tasigna
Original Policy Date:	8/28/2024
Last Review Date:	8/28/2024
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Chronic Myeloid Leukemia (must meet all):

1. Diagnosis of Chronic Myeloid Leukemia (CML);
2. Member meets one of the following (a or b):
   a) Philadelphia chromosome-positive CML and the request is for Tasigna, Sprycel, or Scemblix;
   b) The request is for Iclusig prescribed in one of the following ways (i, ii, or iii):
      i. For chronic, accelerated, or blast phase CML when no other tyrosine kinase inhibitors (TKIs) are indicated;
      ii. For chronic phase CML with previous resistance or intolerance to at least two TKIs;
      iii. For T315I-positive CML in chronic, accelerated, or blast phase.

Approval duration

All Lines of Business (except Medicare): 12 months

B. Acute Lymphoblastic Leukemia (must meet all):

1. Diagnosis of Philadelphia chromosome-positive Acute Lymphoblastic Leukemia (ALL);
2. The request is for Sprycel or Iclusig.

Approval duration

All Lines of Business (except Medicare): 12 months

II. Continued Therapy Approval

A. All Indications in Section I (must meet all):

1. Auto-approval based on lookback functionality within the past 120 days as a proxy for member responding positively to therapy.

Approval duration

All Lines of Business (except Medicare): 12 months

References

1. Inclusig. Package insert. Ariad. 2012. Accessed August 26, 2024.
2. Scemblix. Package insert. Novartis. 2021. Accessed August 26, 2024.
3. Sprycel. Package insert. Novartis. 2007. Accessed August 26, 2024.
4. Tasigna. Package insert. AbbVie. 2024. Accessed August 26, 2024.

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy established: 1. Policies for Iclusig, Scemblix, Sprycel, and Tasigna were combined. 2. Removed prescriber and dosing requirements. 3. Required diagnosis only for approval for Iclusig, Scemblix, Sprycel, and Tasigna.	8/28/2024	09/12/2024