



TYROSINE KINASE INHIBITORS FOR CML OR ALL PA SUMMARY

MEDICATIONS: Bosulif, Iclusig, Sprycel, Tassigna

STATUS: Preferred

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

For Bosulif

- ❖ Approvable for members 18 years of age or older with chronic, accelerated, or blast-phase Philadelphia chromosome-positive (Ph+) chronic myelogenous leukemia (CML) who are resistant to or intolerant to imatinib (Gleevec), dasatinib (Sprycel), or nilotinib (Tassigna)

For Iclusig

- ❖ Approvable for members 18 years of age or older with chronic, accelerated, or blast-phase chronic myelogenous leukemia (CML) who are resistant to or intolerant to prior tyrosine kinase inhibitor therapy (imatinib [Gleevec], bosutinib [Bosulif], dasatinib [Sprycel], or nilotinib [Tassigna])
- ❖ Approvable for members 18 years of age or older with or Philadelphia chromosome-positive (Ph+) acute lymphoblastic leukemia (Ph+ ALL) who are resistant to or intolerant to imatinib (Gleevec), dasatinib (Sprycel), or nilotinib (Tassigna)

For Sprycel

- ❖ Approvable for members 18 years of age or older with chronic, accelerated, or myeloid or lymphoid blast-phase Philadelphia chromosome-positive (Ph+) CML who have received prior therapy and are resistant to or intolerant to imatinib (Gleevec) or nilotinib (Tassigna)
- ❖ Approvable for members 18 years of age or older with Philadelphia chromosome-positive (Ph+) acute lymphoblastic leukemia (ALL) who are resistant to or intolerant to prior therapy
- ❖ Approvable for members with newly diagnosed Philadelphia-chromosome-positive (Ph+) CML in chronic phase

For Tassigna

- ❖ Approvable for members 18 years of age or older with chronic- or accelerated-phase Philadelphia chromosome-positive (Ph+) CML who have received prior therapy and are resistant to or intolerant to imatinib (Gleevec) or dasatinib (Sprycel)
- ❖ Approvable for members with newly diagnosed Philadelphia-chromosome-positive (Ph+) CML in chronic phase

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.



- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827.**

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.