STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

ASCIMINIB

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
ASCIMINIB HYDROCHLORIDE	SCEMBLIX	47647		GPI-10 (2153180610)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of Philadelphia chromosome-positive chronic myeloid leukemia (Ph+ CML) in chronic phase (CP) and meet **ALL** of the following criteria?
   - The patient is 18 years of age or older
   - The patient had a mutational analysis prior to initiation AND Scemblix is appropriate per the NCCN guideline table for treatment recommendations based on BCR-ABL1 mutation profile *(Please see header CML-5 of the current NCCN guidelines)*

   If yes, continue to #2.
   If no, do not approve.
   DENIAL TEXT: See the denial text at the end of the guideline.

2. Is the patient's cancer positive for the T315I mutation?

   If yes, **approve Scemblix 40mg for 12 months by GPID or GPI-14 with a quantity limit of #10 per day.**
   If no, continue to #3.

3. Has the patient been previously treated with at least TWO tyrosine kinase inhibitors (TKIs) (e.g., bosutinib, dasatinib, imatinib, nilotinib)?

   If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #2 per day.**
   If no, do not approve.
   DENIAL TEXT: ***Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.**

   Our guideline named **ASCIMINIB (Scemblix)** requires the following rule(s) be met for approval:
   A. You have Philadelphia chromosome-positive chronic myeloid leukemia (Ph+ CML: type of blood cancer) in chronic phase (CP)
   B. You are 18 years of age or older
   C. You had a mutational analysis prior to initiation of therapy AND Scemblix is appropriate per the National Comprehensive Cancer Network (NCCN) guideline table for treatment recommendations based on BCR-ABL1 mutation (breakpoint cluster region-Abelson murine leukemia 1; a type of abnormal gene) profile
   D. You meet ONE of the following:
      1. Your cancer has the T315I mutation (a type of abnormal gene)
      2. You have been previously treated with at least TWO tyrosine kinase inhibitors (TKIs), such as bosutinib, dasatinib, imatinib, nilotinib

   (Denial text continued on next page)

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ASCIMINIB

GUIDELINES FOR USE (CONTINUED)

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Scemblix.

REFERENCES

- Scemblix [Prescribing Information]. East Hanover, New Jersey: Novartis Pharmaceuticals Co.; October 2021.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
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