



## Pre - PA Allowance

None

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## Prior-Approval Requirements

**Age** 1 year of age and older

### Diagnoses

Patient must have **ONE** of the following:

1. Chronic myeloid leukemia (CML)
2. Chronic myeloid leukemia (CML) post hematopoietic stem cell transplant (HSCT)
3. Ph+ Acute lymphoblastic leukemia (ALL)

**AND ALL** of the following for 1 thru 3:

- a. Confirmed by molecular testing by the detection of the Ph chromosome or BCR-ABL gene prior to initiation of therapy
  - b. If the patient has had prior therapy with a TKI then **ONE** of the following requirements must be met:
    - i. Member experienced resistance to prior therapy with TKI
      - 1) Results from mutational testing are negative for the T315I mutation
    - ii. Member experienced toxicity or intolerance to prior therapy with a TKI
4. Myelodysplastic/myeloproliferative diseases (MDS/MPD)
    - a. Confirmed with PDGFR (platelet-derived growth factor receptor) gene re-arrangement
  5. Aggressive systemic mastocytosis (ASM) with **ONE** of the following mutations:
    - a. Confirmed without the D816V c-Kit mutation by genetic test
    - b. Confirmed with c-Kit mutational status unknown
  6. Gastrointestinal stromal tumors (GIST)
  7. Pigmented villonodular synovitis/tenosynovial giant cell tumor (PVNS/TGCT)
  8. Dermatofibrosarcoma protuberans (DFSP)
  9. Hypereosinophilic syndrome (HES) and/or chronic eosinophilic leukemia (CEL)
  10. Melanoma
    - a. Confirmed c-Kit mutation-positive



**AND** the following for **ALL** indications:

- a. **Brand Gleevec only:** Patient **MUST** have tried the preferred product (generic Gleevec: imatinib) unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

## **Prior - Approval Limits**

**Quantity** 800 mg per day

**Duration** 12 months

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## **Prior – Approval *Renewal* Requirements**

**Age** 1 year of age and older

### **Diagnoses**

Patient must have **ONE** of the following:

1. Chronic myeloid leukemia (CML)
2. Chronic myeloid leukemia (CML) post hematopoietic stem cell transplant (HSCT)
3. Ph+ Acute lymphoblastic leukemia (ALL)
4. Myelodysplastic / myeloproliferative diseases (MDS/MPD)
5. Aggressive systemic mastocytosis (ASM)
6. Gastrointestinal stromal tumors (GIST)
7. Pigmented villonodular synovitis/tenosynovial giant cell tumor (PVNS/TGCT)
8. Dermatofibrosarcoma protuberans (DFSP)
9. Hypereosinophilic syndrome (HES) and/or chronic eosinophilic leukemia (CEL)
10. Melanoma

## **Prior – Approval *Renewal* Limits**

Same as above