

**SCEMBLIX
(asciminib)**

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

1. Philadelphia chromosome-positive chronic myeloid leukemia (Ph+ CML) in chronic phase

AND ONE of the following:

1. Patient has T315I mutation
2. Newly diagnosed CML
3. Previously treated CML

AND the following:

1. Females of reproductive potential **only**: pregnancy status will be verified prior to starting treatment and patient will be advised to use effective contraception during treatment with Scemblix and for 1 week after the last dose

Prior - Approval Limits

Quantity

Diagnosis	Quantity Limit
Ph+ CML without T315I mutation	80 mg per day OR
Ph+ CML with T315I mutation	400 mg per day

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

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

1. Philadelphia chromosome-positive chronic myeloid leukemia (Ph+ CML) in chronic phase **without** T315I mutation



**BlueCross
BlueShield**

Federal Employee Program.

SCEMBLIX (asciminib)

2. Philadelphia chromosome-positive chronic myeloid leukemia (Ph+ CML) in chronic phase **with** T315I mutation

AND the following:

1. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Scemblix and for 1 week after the last dose

Prior - Approval *Renewal* Limits

Same as above