



Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

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

1. Chronic phase myeloid leukemia (CML) that is resistant and/or intolerant to two or more tyrosine kinase inhibitors (TKI)
2. Accelerated phase chronic myeloid leukemia (CML) that is resistant and/or intolerant to two or more tyrosine kinase inhibitors (TKI)

AND the following:

- a. Subcutaneous administration

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnoses

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

1. Chronic phase myeloid leukemia (CML) that is resistant and/or intolerant to two or more tyrosine kinase inhibitors (TKI)
2. Accelerated phase chronic myeloid leukemia (CML) that is resistant and/or intolerant to two or more tyrosine kinase inhibitors (TKI)

AND ALL of the following:

- a. Show clinical benefit from therapy
- b. Subcutaneous administration



**BlueCross.
BlueShield.**

Federal Employee Program.

SYNRIBO
(omacetaxine mepesuccinate)

Prior - Approval Limits

Same as above