

Synribo (omacetaxine mepesuccinate)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Synribo (omacetaxine mepesuccinate)

APPROVAL CRITERIA

Requests for Synribo (omacetaxine mepesuccinate) may be approved if the following criteria are met:

- I. Individual has a diagnosis of chronic or accelerated phase chronic myeloid leukemia (CML) (Label, NCCN 2A); **AND**
- II. Individual has resistance and/or intolerance to TWO or more tyrosine kinase inhibitors (TKI).

Note:

Tyrosine kinase inhibitors include Gleevec (imatinib), Tasigna (dasatinib), Sprycel (nilotinib), Bosulif (bosutinib), Iclusig (ponatinib)

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2020. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: June 18, 2020.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology™. © 2020 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on June 18, 2020.
 - a. Chronic Myeloid Leukemia. V3.2020. January 30, 2020.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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