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.