

Scemblix (asciminib)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Scemblix (asciminib)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Scemblix (asciminib) may be approved if the following criteria are met:

- I. Individual is 18 years of age or older; **AND**
- II. Individual has a diagnosis of Philadelphia chromosome-positive chronic myeloid leukemia (Ph+CML) in chronic phase (CP) ; **AND**
- III. Individual has been previously treated with at least two tyrosine kinase inhibitors (TKI);

OR

- IV. Individual is 18 years of age or older; **AND**
- V. Individual is diagnosed with Ph+CML in chronic phase (CP); **AND**
- VI. Individual has T315I mutation identified disease (Label)

Requests for Scemblix (asciminib) may not be approved when the above criteria are not met and for all other indications

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2021. 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: November 2, 2021.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2021; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology™. © 2021 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on November 2, 2021.
 - a. Chronic Myeloid Leukemia. V1.2022. Revised August 19, 2021.

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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