	Market Applicability													
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	КҮ	MD	NJ	NV	NY	TN	TX	WA
Applicable	Х	Х	NA	NA	Х	NA	Х	Х	Х	Х	Х	NA	NA	Х

<sup>\*</sup>FHK- Florida Healthy Kids

## **Gleevec (imatinib)**

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

Medications	Quantity Limit					
Gleevec (imatinib)	May be subject to quantity limit					

## **APPROVAL CRITERIA**

Requests for Gleevec (imatinib) may be approved if the following criteria are met:

- I. Individual has a diagnosis of one of the following:
  - A. Philadelphia chromosome positive (Ph+) chronic myeloid leukemia (CML); **OR**
  - B. Philadelphia chromosome-positive (Ph+) acute lymphoblastic leukemia (ALL); OR
  - C. Gastrointestinal stromal tumors (GIST) (NCCN 1, 2A); OR
  - D. Dermatofibrosarcoma protuberans tumors; **OR**
  - E. Hypereosinophilic syndrome(HES) and/or chronic eosinophilic leukemia (CEL); **OR**
  - F. Aggressive systemic mastocytosis in those without D816V c-Kit mutation (results are confirmed); **OR**
  - G. Myelodysplastic-Myeloproliferative disorders associated with platelet-derived growth factor receptor (PDGFR) gene rearrangements; **OR**
  - H. Desmoid tumors (NCCN); OR
  - Pigmented villonodular synovitis/tenosynovial giant cell tumor (PVNS/TGCT) (NCCN 2A);
    OR
  - J. C-KIT mutated Melanoma (NCCN 2A); OR

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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	КҮ	MD	NJ	NV	NY	TN	TX	WA
Applicable	Х	Χ	NA	NA	Х	NA	Х	Х	Χ	Χ	Χ	NA	NA	Х

<sup>\*</sup>FHK- Florida Healthy Kids

- K. Philadelphia chromosome positive lymphoblastic lymphoma (NCCN 2A); OR
- L. AIDS-Related Kaposi Sarcoma (NCCN 2A); OR
- M. Recurrent chordoma (NCCN 2A).

State Specific Mandates									
State name	Date effective	Mandate details (including specific bill if applicable)							
N/A	N/A	N/A							

## **Key References**:

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The NCCN Drugs & Biologics Compendium (NCCN Compendium™) © 2018 National Comprehensive Cancer Network, Inc. Available at: NCCN.org. Updated periodically.

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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.