

# Asciminib



**Included Products:** Scemblix (asciminib)

Created: 01/13/2022

Revised: 01/13/2022

Reviewed: 01/13/2022

Updated: 02/01/2022

<b>All Diagnoses</b>			
<b>Initial Criteria</b>		<b>If yes</b>	<b>If no</b>
1.	Is the treatment being prescribed or supervised by a hematologist or oncologist, as appropriate, for the type of cancer?	Continue to #2.	Do not approve.
2.	Is the treatment supported for the diagnosis in the NCCN guidelines?	Continue to #4.	Continue to #3.
3.	Is the treatment being used according to the FDA indication?	Continue to #4.	Request external specialty review.
4.	Does the request meet criteria for treatment coverage specified in Guideline Note 12 of the Prioritized List of Health Services, considering treatment of cancer with little or no benefit?	Continue to #5.	Do not approve.
5.	Has the patient tried and failed Iclusig?	Continue to #6	Do not approve.
6.	Does the patient have a T315I mutation?	Approve for 6 months with a quantity limit of 10 tablets per day	Approve for 6 months (no edits required)
<b>Renewal Criteria</b>		<b>If yes</b>	<b>If no</b>
1.	Has there been evidence of tumor response?	Continue to #2.	Do not approve.
2.	Approve for 6 months.		