Commercial PA Criteria

Effective: May 4, 2016

Prior Authorization: Imatinib

Products Affected: imatinib mesylate oral tablet, Gleevec oral tablets (brand name), Imkeldi (Imatinib mesylate) oral solution

Medication Description

Imatinib mesylate is a protein-tyrosine kinase inhibitor that inhibits the BCR-ABL tyrosine kinase, the constitutive abnormal tyrosine kinase created by the Philadelphia chromosome abnormality in CML. Imatinib inhibits proliferation and induces apoptosis in BCR-ABL positive cell lines as well as fresh leukemic cells from Philadelphia chromosome positive chronic myeloid leukemia. Imatinib inhibits colony formation in assays using *ex vivo* peripheral blood and bone marrow samples from CML patients.

In vivo, Imatinib inhibits tumor growth of BCR-ABL transfected murine myeloid cells as well as BCR-ABL positive leukemia lines derived from CML patients in blast crisis.

Imatinib is also an inhibitor of the receptor tyrosine kinases for platelet-derived growth factor (PDGF) and stem cell factor (SCF), c-kit, and inhibits PDGF- and SCF-mediated cellular events.

Covered Uses:

1. **Acute lymphoblastic leukemia (ALL)**, Philadelphia chromosome positive (Ph+), in adults with relapsed or refractory disease.
2. **ALL**, newly diagnosed and Ph+, in combination with chemotherapy in pediatric patients.
3. **Aggressive systemic mastocytosis**, without the D816V c-Kit mutation or with unknown c-Kit mutational status, in adults.
4. **Chronic myeloid leukemia (CML)** newly diagnosed and Ph+, chronic phase in adult and pediatric patients.
5. **CML**, Ph+, in blast phase, accelerated phase, or in chronic phase in patients after failure of interferon alfa therapy.
6. **Dermatofibrosarcoma protuberans** in adults with unresectable, current, and/or metastatic disease.
7. **Gastrointestinal stromal tumors (GIST)**, in patients with KIT (CD117) positive unresectable and/or metastatic malignant disease.
8. **GIST**, Kit (CD117) positive, as adjuvant treatment of adults following resection.
9. **Hypereosinophilic syndrome and/or chronic eosinophilic leukemia**, in adults who have the *FIP1L1-PDGFR* alpha fusion kinase (mutation analysis or fluorescence in situ hybridization demonstration of CICH2 allele deletion) and for patients with hypereosinophilic syndrome and/or chronic eosinophilic leukemia who are *FIP1l1-PDGFR* alpha fusion kinase negative or unknown.
10. **Myelodysplastic/myeloproliferative diseases**, associated with platelet-derived growth factor receptor *(PDGFR)* gene rearrangements in adults.

Exclusion Criteria: N/A

Required Medical Information:

1. Diagnosis
2. For indications of ALL and CML, the Philadelphia chromosome (Ph) status of the leukemia must be reported

3. For indications of MDS and Myeloproliferative disorder, PDGFR gene rearrangement must be reported
4. Prior therapies tried and failed

Age Restrictions:

1. For pediatric ALL and CML, 1 year of age and older
2. Aggressive systemic mastocytosis: 18 years of age and older
3. Dermatofibrosarcoma: 18 years of age and older
4. GI stromal tumors: 18 years of age and older
5. Chronic eosinophilic leukemia: 18 years of age or older
6. Hypereosinophilic syndrome: 18 years of age or older
7. Myelodysplastic/myeloproliferative diseases: 18 years of age and older
8. Systemic mast cell disease: 18 years of age and older

Prescriber Restrictions: Prescribed by, or in consultation with, an Oncologist.

Coverage Duration: 3 years

Other Criteria:

1. **Newly diagnosed Chronic Myeloid Leukemia (CML) in chronic phase**
    a. Patient has a diagnosis of Chronic Myeloid Leukemia; **AND**
    b. Patient has CML that is Philadelphia chromosome positive (Ph+); **AND**
    c. Patient has CML that is chronic phase.
    Note: If requesting brand name Gleevec: Patient must have an intolerance or contraindication to generic imatinib.

2. **Chronic Myeloid Leukemia (CML) in blast crisis, accelerated phase, or in chronic phase after failure of interferon-alpha therapy**
    a. Patient has a diagnosis of Chronic Myeloid Leukemia; **AND**
    b. Patient has CML that is Philadelphia chromosome positive (Ph+); **AND**
    c. Patient's disease is in one of the following:
        i. Blast crisis **OR**
        ii. Accelerated phase **OR**
        iii. chronic phase after failure of interferon-alpha therapy.
        Note: If requesting brand name Gleevec: Patient must have an intolerance or contraindication to generic imatinib.

3. **Adult Patients with Ph+ Acute Lymphoblastic Leukemia (ALL)**
    a. Patient has a diagnosis of Acute Lymphoblastic Leukemia (ALL); **AND**
    b. Patient has Acute Lymphoblastic Leukemia that is Philadelphia chromosome positive (Ph+ ALL); **AND**
    c. Patient's disease is relapsed or refractory; **AND**
    Note: If requesting brand name Gleevec: Patient must have an intolerance or contraindication to generic imatinib.

4. **Pediatric Patients with Ph+ Acute Lymphoblastic Leukemia (ALL)**

a. Patient has a diagnosis of Acute Lymphoblastic Leukemia (ALL); **AND**
b. Patient has Acute Lymphoblastic Leukemia that is Philadelphia chromosome positive (Ph+ ALL); **AND**
c. Patient is using imatinib in combination with chemotherapy; **AND**
Note: If requesting brand name Gleevec: Patient must have an intolerance or contraindication to generic imatinib.

5. **Myelodysplastic/Myeloproliferative Diseases**
   a. Patient has a diagnosis of Myelodysplastic/myeloproliferative diseases; **AND**
   b. Patient's disease is associated with PDGFR (platelet-derived growth factor receptor) gene re-arrangements as determined with an FDA-approved test in adult patients; **AND**
   Note: If requesting brand name Gleevec: Patient must have an intolerance or contraindication to generic imatinib.

6. **Aggressive Systemic Mastocytosis**
   a. Patient has a diagnosis of aggressive systemic mastocytosis; **AND**
   b. Patient has disease without the D816V c-Kit mutation as determined with an FDA-approved test; **AND**
   Note: If requesting brand name Gleevec: Patient must have an intolerance or contraindication to generic imatinib.

7. **Hypereosinophilic Syndrome and/or Chronic Eosinophilic Leukemia**
   a. Patient has a diagnosis of Hypereosinophilic Syndrome and/or Chronic Eosinophilic Leukemia; **AND**
   b. Patient has FIP1L1-PDGFRα fusion kinase (mutational analysis or FISH demonstration of CHIC2 allele deletion) positive, negative, or unknown.
   Note: If requesting brand name Gleevec: Patient must have an intolerance or contraindication to generic imatinib.

8. **Dermatofibrosarcoma Protuberans**
   a. Patient has a diagnosis of Dermatofibrosarcoma Protuberans; **AND**
   b. Patient's disease is unresectable, recurrent and/or metastatic.
   Note: If requesting brand name Gleevec: Patient must have an intolerance or contraindication to generic imatinib.

9. **Kit+ Gastrointestinal Stromal Tumors (GIST)**
   a. Patient has a diagnosis of gastrointestinal stromal tumors; **AND**
   b. Patient's disease is Kit (CD117) positive; **AND**
   c. Patient's disease is unresectable and/or metastatic.
   Note: If requesting brand name Gleevec: Patient must have an intolerance or contraindication to generic imatinib.

10. **Adjuvant Treatment of GIST**
    a. Patient has a diagnosis of gastrointestinal stromal tumors; **AND**
    b. Patient's disease is Kit (CD117) positive; **AND**
    c. Patient is using as adjuvant treatment following complete gross resection.

Note: If requesting brand name Gleevec: Patient must have an intolerance or contraindication to generic imatinib.

References:

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2. Imatinib tablets [prescribing information]. Cranbury, NJ: Sun; Sept 2022.
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5. The NCCN Bone Cancer Clinical Practice Guidelines in Oncology (version 2.2024 – March 12, 2024). © 2024 National Comprehensive Cancer Network. Available at: http://www.nccn.org.
6. The NCCN Chronic Myeloid Leukemia Clinical Practice Guidelines in Oncology (version 2.2024 – December 5, 2023). © 2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org.
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14. The NCCN Soft Tissue Sarcoma Clinical Practice Guidelines in Oncology (version 1.2024 – April 26, 2024). © 2024 National Comprehensive Cancer Network. Available at: http://www.nccn.org.
15. The NCCN Systemic Mastocytosis Clinical Practice Guidelines in Oncology (version 3.2024 – April 24, 2024). © 2024 National Comprehensive Cancer Network. Available at: http://www.nccn.org.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	03/09/2016
2	Removal of brand requirement	Removal of requirement of a trial with brand Gleevec prior to treatment with imatinib	Other criteria	01/31/17
3	Update	Update	Coverage Duration: Update to 3 years	07/01/2019
4	Update	Update	Updated age restrictions. 18 years and older for all indications except ALL and CML	4/29/2020
5	Update	Added trial of generic imatinib for Brand Gleevec requests Brand Gleevec added to products affected	Other criteria Products affected	5/20/2020
6	Update	Adopted EH Policy onto CCI template	ALL	08/21/2023

7	Update	Updated Medication description Addition of Imkeldi (Imatinib mesylate) oral solution Update criteria to match FDA approved-indications	Medication Description Products Affected Criteria	1/13/2025