Mass General Brigham
Health Plan

Scemblix® (asciminib)
Effective 09/01/2022

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☒ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit (NLX)		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Specialty Medications**		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Scemblix is FDA approved for:

1. Adult patients with Philadelphia chromosome-positive chronic myeloid leukemia in chronic phase (Ph+ CML-CP), previously treated with two or more tyrosine kinase inhibitors (TKIs)
2. Adult patients with Philadelphia chromosome-positive chronic myeloid leukemia in chronic phase (Ph+ CML-CP) with the T315I mutation

Coverage Guidelines

Authorization may be reviewed for members new to the plan who are currently receiving treatment with Scemblix, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

OR

Authorization may be granted for members when all the following criteria are met, and documentation is provided:

1. Member has a diagnosis of Philadelphia chromosome (Ph+) chronic myeloid leukemia (CML) in chronic phase
2. Member has ONE of the following:
    a. Member has T315l mutation positive CML
    b. Provider attestation that member has been previously treated with at least two kinase inhibitors (e.g., bosutinib, dasatinib, imatinib, nilotinib)

<u>Continuation of Therapy</u>

Reauthorizations requires physician attestation of continuation of therapy and no evidence of unacceptable toxicity or disease progression while on the current regimen.

Limitations

1. Initial approvals and reauthorizations will be granted for 12 months
2. The following quantity limits apply:

Scemblix 40mg	300 tablets per 30 days
Scemblix 20mg	60 tablets per 30 days

References

1. Scemblix [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; October 2021.

Review History

06/22/2022 – Created and reviewed for June P&T; Effective 09/01/2022.