

**Applicable Drugs:** Scemblix (asciminib)

**Preferred:** N/A

**Non-preferred:** N/A

**Date of Origin:** 5/23/2022

**Date Last Reviewed / Revised** 07/10/2026

## PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through VI are met)

- I. Documentation of the following FDA-approved diagnosis AND must meet all criteria listed under the applicable diagnosis:

FDA-Approved Indication(s)

A. Chronic Myeloid Leukemia

- i. Documentation of Philadelphia chromosome-positive chronic myeloid leukemia (Ph+ CML) in chronic phase (CP) and meets ONE of the following criteria 1, 2, or 3:
1. Newly diagnosed disease
  2. Intolerance, contraindication, or disease progression on two or more tyrosine kinase inhibitors (eg, imatinib, bosutinib, dasatinib, nilotinib)
  3. Positive T315I mutation

Other Uses With Supportive Evidence

- B. Chronic Myeloid Leukemia  
C. Myeloid/Lymphoid Neoplasms with Eosinophilia  
D. Acute Lymphoblastic Leukemia

- II. Documentation that the member does not have the following BCR::ABL1 mutations: A337T, P465S, M244V, F359V/I/C.
- III. Minimum age requirement: 18 years old.
- IV. Treatment must be prescribed by or in consultation with an oncologist or hematologist.
- V. Request is for a medication with the appropriate FDA labeling, or its use is supported by current National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium with a Category of Evidence and Consensus of 1 or 2A.
- VI. Refer to the plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have documented treatment failure or contraindication to the preferred product(s).

## EXCLUSION CRITERIA

- Chronic myeloid leukemia: Member has one of following BCR::ABL1 variants that lack ABL1 exon 2: b2(e13)a3 isoform, b3(e14)a3 isoform

#### OTHER CRITERIA

- N/A

#### QUANTITY / DAYS SUPPLY RESTRICTIONS

- Ph+ CML in CP: Dose does not exceed 80 mg per day.
- Ph+ CML in CP with a T315I mutation: Dose does not exceed 400 mg per day.
- Maximum 30-day supply per fill.

#### APPROVAL LENGTH

- Authorization:** 1 year
- Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and does not show evidence of progressive disease.

#### APPENDIX

N/A

#### REFERENCES

- Scemblix. Prescribing Information. Novartis Pharmaceuticals Corporation; 2025. Accessed June 20, 2026. [https://www.novartis.com/us-en/sites/novartis\\_us/files/scemblix.pdf](https://www.novartis.com/us-en/sites/novartis_us/files/scemblix.pdf)
- Deeks ED. Asciminib: first approval. *Drugs*. 2022;82(2):219-226. doi:10.1007/s40265-021-01662-3
- Réa D, Mauro MJ, Boquimpani C, et al. A phase 3, open-label, randomized study of asciminib, a STAMP inhibitor, vs bosutinib in CML after 2 or more prior TKIs. *Blood*. 2021;138(21):2031-2041. doi:10.1182/blood.2020009984
- National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology. Chronic Myeloid Leukemia Version 2.2027. Updated July 10, 2026. Accessed July 10, 2026. [https://www.nccn.org/professionals/physician\\_gls/pdf/cml.pdf](https://www.nccn.org/professionals/physician_gls/pdf/cml.pdf)
- National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology. Myeloid/Lymphoid Neoplasms with Eosinophilia and Tyrosine Kinase Gene Fusions Version 1.2026. Updated October 3, 2025. Accessed June 20, 2026. [https://www.nccn.org/professionals/physician\\_gls/pdf/mlne.pdf](https://www.nccn.org/professionals/physician_gls/pdf/mlne.pdf)
- National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology. Acute Lymphoblastic Leukemia Version 1.2026. Updated April 8, 2026. Accessed June 20, 2026. [https://www.nccn.org/professionals/physician\\_gls/pdf/all.pdf](https://www.nccn.org/professionals/physician_gls/pdf/all.pdf)

**DISCLAIMER:** Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.