

# Drug Policy:

## Scemblix™ (asciminib)

<b>POLICY NUMBER</b> UM ONC_1455	<b>SUBJECT</b> Scemblix™ (asciminib)		<b>DEPT/PROGRAM</b> UM Dept	<b>PAGE 1 of 3</b>
<b>DATES COMMITTEE REVIEWED</b> 12/08/21, 04/13/22, 05/11/22, 03/08/23, 03/13/24, 12/12/24	<b>APPROVAL DATE</b> December 12, 2024	<b>EFFECTIVE DATE</b> December 27, 2024	<b>COMMITTEE APPROVAL DATES</b> 12/08/21, 04/13/22, 05/11/22, 03/08/23, 03/13/24, 12/12/24	
<b>PRIMARY BUSINESS OWNER: UM</b>		<b>COMMITTEE/BOARD APPROVAL</b> Evolut Specialty Services Clinical Guideline Review Committee		
<b>NCQA STANDARDS</b> UM 2		<b>ADDITIONAL AREAS OF IMPACT</b>		
<b>CMS REQUIREMENTS</b>	<b>STATE/FEDERAL REQUIREMENTS</b>		<b>APPLICABLE LINES OF BUSINESS</b> Commercial, Exchange, Medicaid	

*Evolut clinical guidelines do not constitute medical advice. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Evolut uses clinical guidelines in accordance with its contractual obligations to provide utilization management. Coverage for services varies for individual members according to the terms of their health care coverage or government program. Individual members' health care coverage may not utilize some Evolut Clinical Guidelines. A list of codes, services or drugs may not be all inclusive and does not imply that a service or drug is a covered or non-covered service or drug. Evolut reserves the right to review and update this clinical guideline in its sole discretion. Notice of any changes shall be provided as required by applicable provider agreements and laws or regulations. Members should contact their plan customer service representative for specific coverage information.*

### I. PURPOSE

To define and describe the accepted indications for Scemblix (asciminib) usage in the treatment of cancer, including FDA approved indications, and off-label indications.

Evolut is responsible for processing all medication requests from network ordering providers. Medications not authorized by Evolut may be deemed as not approvable and therefore not reimbursable.

The use of this drug must be supported by one of the following: FDA approved product labeling, CMS-approved compendia, National Comprehensive Cancer Network (NCCN), American Society of Clinical Oncology (ASCO) clinical guidelines, or peer-reviewed literature that meets the requirements of the CMS Medicare Benefit Policy Manual Chapter 15.

### II. INDICATIONS FOR USE/INCLUSION CRITERIA

**A. Continuation requests for a not-approvable medication shall be exempt from this Evolut policy provided:**

1. The requested medication was used within the last year, **AND**

2. The member has not experienced disease progression and/or no intolerance to the requested medication, **AND**
3. Additional medication(s) are not being added to the continuation request.

#### **B. Chronic Myeloid Leukemia (CML)**

1. The member has Philadelphia chromosome-positive or BCR-ABL positive CML and Scemblix (asciminib) may be used as monotherapy in the following:
  - a. In an adult member with newly diagnosed chronic myeloid leukemia in chronic phase (CP).
  - b. In an adult member with a documented intolerance, contraindication, or disease progression on 2 or more tyrosine kinase inhibitors including generic imatinib **AND** one of the following: Tasigna (nilotinib) or Sprycel (dasatinib) **OR**
  - c. In an adult member with CML and T315I mutation.

### **III. EXCLUSION CRITERIA**

- A. Disease progression while taking Scemblix (asciminib)
- B. Scemblix (asciminib) is being used for Philadelphia Chromosome negative or BCR-ABL negative CML, or in members with the following mutations: A337T, P465S.
- C. Dosing exceeds single dose limit of Scemblix (asciminib) 80 mg (for Ph+ CML) or 200 mg (for Ph+ CML with the T315I Mutation).
- D. Treatment exceeds the maximum limit of 60 (20 mg), 60 (40 mg), or 120 (100 mg) tablets/month.
- E. Investigational use of Scemblix (asciminib) with an off-label indication that is not sufficient in evidence or is not generally accepted by the medical community. Sufficient evidence that is not supported by CMS recognized compendia or acceptable peer reviewed literature is defined as any of the following:
  1. Whether the clinical characteristics of the patient and the cancer are adequately represented in the published evidence.
  2. Whether the administered chemotherapy/biologic therapy/immune therapy/targeted therapy/other oncologic therapy regimen is adequately represented in the published evidence.
  3. Whether the reported study outcomes represent clinically meaningful outcomes experienced by patients. Generally, the definitions of Clinically Meaningful outcomes are those recommended by ASCO, e.g., Hazard Ratio of less than 0.80 and the recommended survival benefit for OS and PFS should be at least 3 months.
  4. Whether the experimental design, considering the drugs and conditions under investigation, is appropriate to address the investigative question. (For example, in some clinical studies, it may be unnecessary or not feasible to use randomization, double blind trials, placebos, or crossover).
  5. That non-randomized clinical trials with a significant number of subjects may be a basis for supportive clinical evidence for determining accepted uses of drugs.
  6. That case reports are generally considered uncontrolled and anecdotal information and do not provide adequate supportive clinical evidence for determining accepted uses of drugs.
  7. That abstracts (including meeting abstracts) without the full article from the approved peer-reviewed journals lack supporting clinical evidence for determining accepted uses of drugs.

## IV. CODING INFORMATION

HCPCS Code	Description
C9399	asciminib
J8999	asciminib

## V. MEDICATION MANAGEMENT

- A. Please refer to the FDA label/package insert for details regarding these topics.

## VI. APPROVAL AUTHORITY

- A. Review – Utilization Management Department
- B. Final Approval – Utilization Management Committee

## VII. ATTACHMENTS

- A. None

## VIII. REFERENCES

- A. Hughes TP, et al. Asciminib in Chronic Myeloid Leukemia after ABL Kinase Inhibitor Failure. *N Engl J Med*. 2019 Dec 12;381(24):2315-2326.
- B. Réa D, et al. ASCEMBL Clinical Trial. A phase 3, open-label, randomized study of asciminib, a STAMP inhibitor, vs bosutinib in CML after 2 or more prior TKIs. *Blood*. 2021 Nov 25;138(21):2031-2041.
- C. Cortes JE, et al. Asciminib monotherapy for newly diagnosed chronic myeloid leukemia in chronic phase: the ASC4FIRST phase III trial. *Future Oncol*. 2022 Dec;18(38):4161-4170. doi: 10.2217/fo-2022-0923
- D. Scemblix prescribing information 2024. Novartis Pharmaceuticals Corporation, East Hanover, New Jersey.
- E. Clinical Pharmacology Elsevier Gold Standard 2024.
- F. Micromedex® Healthcare Series: Micromedex Drugdex Ann Arbor, Michigan 2024.
- G. National Comprehensive Cancer Network. Cancer Guidelines and Drugs and Biologics Compendium 2024.
- H. AHFS Drug Information. American Society of Health-Systems Pharmacists or Wolters Kluwer Lexi-Drugs Bethesda, MD 2024.
- I. Ellis LM, et al. American Society of Clinical Oncology perspective: Raising the bar for clinical trials by defining clinically meaningful outcomes. *J Clin Oncol*. 2014 Apr 20;32(12):1277-80.
- J. Medicare Benefit Policy Manual Chapter 15 Covered Medical and Other Health Services: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf>.