

ICLUSIG (ponatinib)

Diagnoses Considered for Coverage:

- Chronic Myeloid Leukemia (CML)
- Acute Lymphoblastic Leukemia (ALL) - Philadelphia chromosome positive (Ph+)
- Myeloid, lymphoid, or mixed lineage neoplasms with eosinophilia and FGFR1 or ABL1 rearrangement
- Gastrointestinal Stromal Tumor (GIST)

Coverage Criteria:

For chronic myeloid leukemia:

- Dose does not exceed 45 mg per day.

For acute lymphoblastic leukemia:

- Patient is Philadelphia-chromosome positive (Ph+), **and**
- Dose does not exceed 45 mg per day, **and**
- Patient is intolerant or has a contraindication (including contraindicated mutation) to imatinib (Gleevec).

For myeloid, lymphoid, or mixed lineage neoplasms:

- Presence of eosinophilia, **and**
- Presence of FGFR1 or ABL1 rearrangement, **and**
- Dose does not exceed 45 mg per day

For diagnosis of Gastrointestinal Stromal Tumor (GIST):

- Being used as a single agent, **and**
- Being used as subsequent therapy after disease progression with all of the following:
 - imatinib (Gleevec)
 - Sutent (sunitinib),
 - Stivarga (regorafenib),
 - Qinlock (ripretinib),**and**
- Dose does not exceed 45 mg per day

Coverage Duration: one year

Effective Date: 2/28/2024