blue of california

nilotinib (TASIGNA)

Diagnosis Considered for Coverage:

- Chronic Myeloid Leukemia (CML)
- Gastrointestinal Stromal Tumor (GIST)
- Acute Lymphoblastic Leukemia (ALL)
- Myeloid, lymphoid, or mixed lineage neoplasms
- Tenosynovial giant cell tumor (TGCT) or pigmented villonodular synovitis (PVNS)

Coverage Criteria:

For Chronic Myelogenous Leukemia (CML):

- *Firstline therapy request*: Intolerance or contraindication (including contraindicated mutations per NCCN) to imatinib (Gleevec), **and**
- Dose does not exceed 800 mg per day.

For diagnosis of gastrointestinal stromal tumor (GIST):

- Being used as subsequent therapy after disease progression with all of the following:
  - imatinib (Gleevec),
  - Sutent (sunitinib) or Sprycel (dasatinib),
  - Stivarga (regorafenib),
  - Qinlock (ripretinib),

  and
- Being used as a single agent, **and**
- Dose does not exceed 800 mg per day.

For diagnosis of Acute Lymphoblastic Leukemia (ALL):

- Patient is Philadelphia Chromosome positive, **and**
- Intolerance or contraindication (including contraindicated mutations per NCCN) to imatinib (Gleevec), **and**
- Dose does not exceed 800 mg per day.

For diagnosis of myeloid, lymphoid, or mixed lineage neoplasms:

- Provider attestation of eosinophilia, **and**
- Provider attestation of ABL1 rearrangement, **and**
- Dose does not exceed 800 mg per day.

For diagnosis of tenosynovial giant cell tumor: • Being used as a single agent therapy, **and** • Dose does not exceed 800 mg per day.
Coverage Duration: one year

Effective Date: 3/1/2023