

<b>POLICY NUMBER</b> UM_ONC_1199	<b>SUBJECT</b> Tasigna™ (nilotinib)	<b>DEPT/PROGRAM</b> UM Dept	<b>PAGE 1 OF 2</b>
<b>DATES COMMITTEE REVIEWED</b> 01/04/12, 10/13/13, 12/04/14, 07/25/16, 06/28/17, 08/08/18, 07/10/19, 12/11/19, 07/08/20	<b>APPROVAL DATE</b> July 8, 2020	<b>EFFECTIVE DATE</b> July 31, 2020	<b>COMMITTEE APPROVAL DATES</b> (latest version listed last) 01/04/12, 10/13/13, 12/04/14, 07/25/16, 06/28/17, 08/08/18, 07/10/19, 12/11/19, 07/08/20
<b>PRIMARY BUSINESS OWNER: UM</b> <b>APPROVED BY:</b> Dr. Andrew Hertler		<b>COMMITTEE/BOARD APPROVAL</b> Utilization Management Committee	
<b>URAC STANDARDS</b> HUM 1	<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> All	

## I. PURPOSE

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

New Century is responsible for processing all medication requests from network ordering providers. Medications not authorized by New Century 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

### 1. PREFERRED MEDICATION GUIDANCE FOR INITIAL REQUEST:

- When health plan Medicaid coverage provisions- including any applicable PDLs (Preferred Drug Lists)- conflict with the coverage provisions in this drug policy, health plan Medicaid coverage provisions take precedence per the **Preferred Drug Guidelines OR**
- When health plan Exchange coverage provisions- including any applicable PDLs (Preferred Drug Lists)- conflict with the coverage provisions in this drug policy, health plan Exchange coverage provisions take precedence per the **Preferred Drug Guidelines OR**
- For Health Plans that utilize NCH UM Oncology Clinical Policies as the initial clinical criteria, the **Preferred Drug Guidelines shall follow NCH L1 Pathways** when applicable, otherwise shall follow NCH drug policies **AND**
- Continuation requests of previously approved non-preferred medication are not subject to this provision **AND**
- When available, generic alternatives are preferred over brand-name drugs.

### 2. Chronic Myeloid Leukemia (CML)

**NOTE: Per NCH Policy & NCH Pathway, generic imatinib is the preferred agent for first line therapy of BCR-ABL positive Chronic Myeloid Leukemia. Second generation Tyrosine Kinase Inhibitors, such as Tasigna (nilotinib), may be used if there is documented intolerance to generic imatinib OR documented disease progression on generic imatinib.**

- The member has CML (Philadelphia chromosome or BCR-ABL1 positive) **AND**
- Tasigna (nilotinib) may be used as a single agent as ANY of the following:



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- i. Primary/initial therapy in members who are intolerant or have a contraindication to Gleevec (imatinib) OR
- ii. Subsequent therapy in members who have suboptimal response or relapse after initial response to a Tyrosine Kinase Inhibitor [e.g. Gleevec (imatinib)].

### III. EXCLUSION CRITERIA

1. The member has Ph or BCR-ABL negative CML.
2. Member has disease progression while taking Tasigna (nilotinib).
4. Dosing exceeds single dose limit of Tasigna (nilotinib) 400 mg.
5. Treatment exceeds the maximum limit of 240 (50 mg ), 120 (150 mg), 120 (200 mg) capsules per month.
6. Indications not supported by CMS recognized compendia or acceptable peer reviewed literature.

### IV. MEDICATION MANAGEMENT

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

### V. APPROVAL AUTHORITY

1. Review – Utilization Management Department
2. Final Approval – Utilization Management Committee

### VI. ATTACHMENTS

None

### VII. REFERENCES

1. Tasigna prescribing information. Novartis Pharmaceuticals Corporation. East Hanover, NJ. 2019.
2. Clinical Pharmacology Elsevier Gold Standard. 2020.
3. Micromedex® Healthcare Series: Thomson Micromedex, Greenwood Village, Co. 2020.
4. National Comprehensive Cancer Network. Cancer Guidelines and Drugs and Biologics Compendium. 2020.
5. AHFS Drug Information. American Society of Health-Systems Pharmacists or Wolters Kluwer Lexi-Drugs. Bethesda, MD. 2020.