



## MEDICATION POLICY

**Generic Name:** Nilotinib

**Therapeutic Class or Brand Name:** Tasigna®

**Applicable Drugs** (if Therapeutic Class): N/A

**Date of Origin:** 2/1/13

**Date Last Reviewed/Revised:** 9/29/16

**GPI Code:** 2153406000

### **Prior Authorization Criteria (may be considered medically necessary when criteria I through IV are met):**

- I. Documented diagnosis of chronic or accelerated phase Chronic Myelogenous Leukemia (CML).
- II. Documentation that the patient's CML is Philadelphia chromosome-positive (Ph+).
- III. Minimum age requirement: 18 years old.
- IV. The prescribing physician is an oncologist or a hematologist.

### **Exclusion Criteria:**

- Patients with hypokalemia, hypomagnesemia, or long QT syndrome.

### **Other Criteria:**

- N/A

### **Quantity/Days Supply Restrictions:**

- Quantities of up to 112 capsules per 28 days.

### **Approval Length:**

- **Authorization:** 1 year.
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective.

### **Appendix:**

N/A

### **References:**

1. <http://blue.regence.com/trgmedpol/drugs/dru151.pdf>.

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*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 judgment in providing the most appropriate care for their patients.*



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2. Medi-Span.
3. <http://www.pharma.us.novartis.com/product/pi/pdf/tasigna.pdf>.

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<i>Historical Tracking Of Changes Made To Policy</i>	
9/29/2016	1. Policy reviewed: no changes made.
3/28/2015	1. <b>Changed</b> “Quantities of up to 120 capsules per 30 days” to “Quantities of up to 112 capsules per 28 days” <b>under Quantity/Days Supply Restrictions.</b>
11/22/2013	1. <b>Adapted policy to new format.</b> 2. <b>Added GPI Code.</b> 3. <b>Changed</b> “Prescriber is an oncologist” to “The prescribing physician is an oncologist or a hematologist” <b>under Prior Authorization Criteria.</b> 4. <b>Added</b> “Patients with hypokalemia, hypomagnesemia, or long QT syndrome” to <b>Exclusion Criteria.</b> 5. <b>Changed Quantity/Days Supply Restrictions from</b> “120 capsules per 30 days” to “Quantities of up to 120 capsules per 30 days”. 6. <b>Updated references</b> to include Medi-Span.

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