Iclusig

Description

Iclusig (ponatinib)

Background
Iclusig is an orally administered kinase inhibitor used to treat certain patients with either chronic myeloid leukemia (CML) or Philadelphia chromosome positive acute lymphoblastic leukemia (Ph+ ALL). Patients with either condition are classified into 3 groups that help predict outlook: chronic phase, accelerated phase or blast phase. Treatment with Iclusig medication can be used in any of these three phases but should be strictly reserved for patients whose disease is either T315I-positive and for whom no other tyrosine kinase inhibitor (TKI) therapy is indicated (1).

Regulatory Status
FDA-approved indication: Iclusig is a kinase inhibitor indicated for: (1)

1. Treatment of adult patients with chronic phase, accelerated phase, or blast phase chronic myeloid leukemia or Ph+ ALL for whom no other tyrosine kinase inhibitor (TKI) therapy is indicated

2. Treatment of adult patients with T315I-positive chronic myeloid leukemia (chronic phase, accelerated phase, or blast phase) or T315I-positive Philadelphia chromosome positive acute lymphoblastic leukemia (Ph+ ALL)

Limitations of use:
Iclusig is not indicated and is not recommended for the treatment of patients with newly diagnosed chronic phase CML (1).
Iclusig has a boxed warning alerting patients and healthcare professionals that arterial and venous thrombosis and occlusions have occurred in at least 35% of Iclusig treated patients, including fatal myocardial infarction, stroke, stenosis of large arterial vessels of the brain, severe peripheral vascular disease, and the need for urgent revascularization procedures. Patients with and without cardiovascular risk factors, including patients less than 50 years old, experienced these events. Monitor for evidence of thromboembolism and vascular occlusion and interrupt or stop Iclusig immediately for vascular occlusion (1).

Heart failure, including fatalities, occurred in 9% of Iclusig treated patients. Monitor cardiac function and interrupt or stop Iclusig for new or worsening heart failure (1).

Hepatotoxicity, liver failure and death have occurred in Iclusig treated patients. Monitor hepatic function and interrupt Iclusig if hepatotoxicity is suspected (1).

Iclusig is classified as pregnancy category D. Females of reproductive potential should be advised to avoid pregnancy while being treated with Iclusig. If this drug is used during pregnancy, or if the patient becomes pregnant while taking this drug, the patient should be apprised of the potential hazard to the fetus (1).

The safety and efficacy of Iclusig in patients less than 18 years of age have not been established (1).

Related policies
Bosulif, Gleevec, Sprycel, Tasigna

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Iclusig may be considered medically necessary in patients who are 18 years of age or older with one of the following: T315I-positive chronic myeloid leukemia (CML), T315I-positive Philadelphia chromosome positive acute lymphoblastic leukemia (Ph+ALL), CML for whom no other tyrosine kinase inhibitor therapy is indicated, or Ph+ALL for whom no other tyrosine kinase inhibitor therapy is indicated; and if the conditions indicated below are met.

Iclusig is considered investigational in patients who are less than 18 years of age and for all other indications.
Prior-Approval Requirements

Age 18 years of age and older

Diagnoses

Patient must have ONE of the following:

1. T315I-positive chronic myeloid leukemia (CML)
   a. At least 6 months prior to request for treatment

2. T315I-positive Philadelphia chromosome positive acute lymphoblastic leukemia (Ph+ ALL)

3. Chronic myeloid leukemia (CML)
   a. Resistant or intolerant to prior tyrosine kinase inhibitor (TKI) therapy

4. Philadelphia chromosome positive acute lymphoblastic leukemia (Ph+ALL)
   a. Resistant or intolerant to prior tyrosine kinase inhibitor (TKI) therapy

AND ALL of the following:
   a. Prescriber agrees to monitor for evidence of thromboembolism and vascular occlusion
   b. Cardiac function will be monitored
   c. Hepatic function will be monitored
   d. NO dual therapy with another tyrosine kinase inhibitor

Prior – Approval Renewal Requirements

Age 18 years of age and older

Diagnoses

Patient must have ONE of the following:

1. T315I-positive chronic myeloid leukemia (CML)
2. T315I-positive Philadelphia chromosome positive acute lymphoblastic leukemia (Ph+ ALL)

3. Chronic myeloid leukemia (CML)
   a. Resistant or intolerant to prior tyrosine kinase inhibitor (TKI) therapy

4. Philadelphia chromosome positive acute lymphoblastic leukemia (Ph+ALL)
   a. Resistant or intolerant to prior tyrosine kinase inhibitor (TKI) therapy

AND NONE of the following:
   a. Thromboembolic events or vascular occlusions while being treated with Iclusig
   b. Heart failure while being treated with Iclusig
   c. Hepatotoxicity while being treated with Iclusig
   d. Dual therapy with another tyrosine kinase inhibitor

### Policy Guidelines

#### Pre - PA Allowance

None

#### Prior - Approval Limits

**Quantity**

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<thead>
<tr>
<th>Strength</th>
<th>Quantity per 90 days</th>
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<tbody>
<tr>
<td>15 mg</td>
<td>270 tablets per 90 days OR</td>
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<tr>
<td>30 mg</td>
<td>90 tablets per 90 days OR</td>
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<tr>
<td>45 mg</td>
<td>90 tablets per 90 days</td>
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**Maximum daily limit of any combination: 45 mg**

* Quantity limits listed above must be used to achieve dose optimization

**Utilizing the highest strengths available to achieve the dosage is recommended to minimize dosing errors and improve compliance

Iclusig 30mg is included in this policy but is not available in the market as of yet.

**Duration** 12 months

#### Prior – Approval Renewal Limits

Same as above
Rationale

Summary
Iclusig is a kinase inhibitor that is indicated for the treatment of chronic myelogenous leukemia (CML) and Philadelphia chromosome positive acute lymphoblastic leukemia (Ph+ ALL). Iclusig has boxed warnings addressing arterial and venous thrombosis, vascular occlusion, heart failure, and hepatotoxicity that warrant close monitoring (1).

Prior approval is required to ensure the safe, clinically appropriate and cost effective use of Iclusig while maintaining optimal therapeutic outcomes.

References

Policy History

<table>
<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>December 2012</td>
<td>New addition</td>
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<tr>
<td>March 2013</td>
<td>Annual review</td>
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<tr>
<td>December 2013</td>
<td>Criteria revised with new boxed warnings and requirements for T315I-positive chronic myeloid leukemia (CML)</td>
</tr>
<tr>
<td>March 2015</td>
<td>Annual review and reference update</td>
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<tr>
<td>December 2015</td>
<td>Annual editorial review</td>
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<tr>
<td>June 2016</td>
<td>Annual editorial review and reference update</td>
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<tr>
<td></td>
<td>Addition of at least 6 months prior to request for treatment to CML</td>
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<tr>
<td></td>
<td>Policy code changed from 5.04.30 to 5.21.30</td>
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<tr>
<td>March 2017</td>
<td>Annual editorial review and reference update</td>
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<tr>
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<td>Addition of no dual therapy with another tyrosine kinase inhibitor and</td>
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<td>addition of the age requirement in the renewal section</td>
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<tr>
<td>June 2018</td>
<td>Annual editorial review and reference update</td>
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<tr>
<td>June 2019</td>
<td>Annual review and reference update</td>
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<td>Addition of quantity limits to criteria</td>
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Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on June 20, 2019 and is effective on July 1, 2019.