imatinib mesylate (GLEEVEC)

Diagnoses Considered for Coverage:

- Acute Lymphoblastic Leukemia (ALL) - Philadelphia chromosome positive (Ph+)
- Aggressive Systemic Mastocytosis (ASM)
- Chronic Eosinophilic Leukemia (CEL)
- Chronic Myeloid Leukemia (CML)
- Dermatofibrosarcoma protuberans (DFSP)
- Gastrointestinal Stromal Tumor (GIST) –
  - Treatment of Kit+
  - adjuvant post-surgical prophylaxis for CD 117+
- Hypereosinophilic syndrome (HES)
- Myelodysplastic syndrome (MDS)
- Chordoma
- Kaposi sarcoma
- Cutaneous melanoma
- Desmoid tumors
- Graft vs Host Disease (GVHD)
- Tenosynovial giant cell tumor
- Myeloid, lymphoid, or mixed lineage neoplasms with eosinophilia and ABL1 rearrangement
- Myeloid, lymphoid, or mixed lineage neoplasms with eosinophilia and FIP1L1-PDGFRA rearrangement
- Myeloid, lymphoid, or mixed lineage neoplasms with eosinophilia and PDGFRB rearrangement

Coverage Criteria:

1. **For covered diagnoses:**
   - Meets clinical requirements below:

Diagnosis	Coverage Criteria
Acute Lymphoblastic Leukemia (ALL)	• Patient is Philadelphia Chromosome positive, **and** • Not being used in combination with another kinase inhibitor [e.g. Bosulif (bosutinib), Iclusig (ponatinib), Sprycel (dasatinib), or Tasigna (nilotinib)], **and** • Dose does not exceed 600 mg per day.

Aggressive Systemic Mastocytosis	• Being used as single agent therapy, **and** • Dose does not exceed 400 mg per day.

Chordoma	• One of the following:
	  ○ Being used as single agent therapy, or
	  ○ In combination with cisplatin or sirolimus, **and**
	• Dose does not exceed 800 mg per day.

Chronic Eosinophilic Leukemia	• Dose does not exceed 400 mg per day.
Chronic Myeloid Leukemia (CML)	• Dose does not exceed 800 mg per day.
Cutaneous Melanoma	• Being used as a single agent for second line or subsequent therapy, **and** • Provider attestation patient has KIT mutations, **and** • Dose does not exceed 800 mg per day.
Dermatofibrosarcoma (DFSP)	• Dose does not exceed 800 mg per day.
Desmoid tumor	• Being used as single agent therapy, **and** • Dose does not exceed 800 mg per day.
Gastrointestinal Stromal Tumor (GIST)	• Dose does not exceed 800 mg per day.
Graft vs Host Disease (GVHD)	• Inadequate response to at least one prior drug (i.e. systemic corticosteroids, immunosuppressants [e.g. antithymocyte globulin (ATG), cyclophosphamide, cyclosporine, methotrexate, mycophenolate, and tacrolimus]) for GVHD, **and** • Dose does not exceed 800 mg per day.
Hypereosinophilic syndrome (HES)	• Prescribed by or in consultation with an allergist or immunologist, **and** • Dose does not exceed 400 mg per day.
Kaposi sarcoma	• Being used for relapsed or refractory disease, and

	• Dose does not exceed 600 mg per day.
Myelodysplastic or Myeloproliferative disease	• Dose does not exceed 400 mg per day.
Tenosynovial giant cell tumor	• Being used as single agent therapy, **and** • Dose does not exceed 800 mg per day.
Myeloid, lymphoid, or mixed lineage neoplasms	• Provider attestation of eosinophilia, **and** • Provider attestation of the presence of one of the following: a. ABL1 rearrangement, or b. FIP1L1-PDGFRA rearrangement, or c. PDGFRB rearrangement

Coverage Duration: one year

References

1. Prescribing Information. Gleevec. Novartis Pharmaceuticals Corporation. East Hanover, NJ 2022
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3. National Comprehensive Cancer Network. Bone Cancer (Version: 1.2024). Available at https://www.nccn.org
4. National Comprehensive Cancer Network. Chronic Myeloid Leukemia (Version: 2.2024). Available at https://www.nccn.org
5. National Comprehensive Cancer Network. Dermatofibrosarcoma Protuberans (Version: 1.2024). Available at https://www.nccn.org
6. National Comprehensive Cancer Network. Gastrointestinal Stromal Tumors (GIST) (Version: 1.2023). Available at https://www.nccn.org
7. National Comprehensive Cancer Network. Hematopoietic Cell Transplantation (HCT) (Version 3.2023). Available at https://www.nccn.org
8. National Comprehensive Cancer Network. Kaposi Sarcoma (Version: 1.2024). Available at https://www.nccn.org
9. National Comprehensive Cancer Network. Melanoma: Cutaneous (Version: 3.2023). Available at https://www.nccn.org
10. National Comprehensive Cancer Network. Myelodysplastic Syndromes (Version: 3.2023). Available at https://www.nccn.org
11. National Comprehensive Cancer Network. Myeloid/Lymphoid Neoplasms with Eosinophilia and Tyrosine Kinase Gene Fusions (Version: 1.2024). Available at https://www.nccn.org
12. National Comprehensive Cancer Network. Soft Tissue Sarcoma (Version: 3.2023). Available at https://www.nccn.org

National Comprehensive Cancer Network. Systemic Mastocytosis (Version: 2.2022). Available at https://www.nccn.org

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