Generic Name: Ponatinib

Therapeutic Class or Brand Name: Tyrosine kinase inhibitor (TKI)

Applicable Drugs (if Therapeutic Class): Iclusig®

Preferred: N/A

Non-preferred: N/A

Date of Origin: 2/13/2013

Date Last Reviewed / 11/18/2024

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through V are met)

I. Documentation of one of the following diagnoses A through D AND must meet all criteria listed under the applicable diagnosis:

FDA-Approved Indication(s)

A. Chronic myeloid leukemia (CML) and one of the following1, 2 or 3 is met:
   1. Chronic phase (CP)
      a) Documented trial and failure of, intolerance to, or contraindication to at least 2 prior tyrosine kinase inhibitors (TKI).
   2. Accelerated or blast phase
      a) Documentation that no other tyrosine kinase inhibitors (TKI) are indicated.
   3. T315I-positive in chronic, accelerated, or blast phase.

B. Acute lymphoblastic leukemia (ALL)
   1. Documentation of Philadelphia chromosome-positive acute lymphoblastic leukemia (Ph+ ALL) and ONE of the following are met (a, b, OR c):
      a) Member is newly diagnosed, and Iclusig will be used in combination with chemotherapy.
      b) Member is T315I-positive, and Iclusig will be used as monotherapy.
      c) Documentation that no other tyrosine kinase inhibitors (TKI) are indicated, and Iclusig will be used as monotherapy.

Other Uses With Supportive Evidence

C. Gastrointestinal Stromal Tumors (GIST)
   1. Documentation of unresectable, progressive, or metastatic disease.
   2. Documented trial and failure, intolerance, or contraindication to imatinib and sunitinib. .

3. Documentation member does not have a primary mutation in KIT exon 9.

D. Myeloid/Lymphoid Neoplasms with Eosinophilia

1. Documentation tumor is in the chronic phase or blast phase and has ONE of the following rearrangements (a or b):
   a) FGFR1 rearrangement
   b) ABL1 rearrangement
2. Documentation of relapsed or refractory disease following treatment with first-line therapy.

II. Minimum age requirement: 18 years old.

III. Treatment must be prescribed by or in consultation with an oncologist or a hematologist.

IV. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.

V. Refer to plan document for the list of preferred products. If requested agent is not listed as a preferred product, must have a documented failure, intolerance, or contraindication to the preferred product(s).

EXCLUSION CRITERIA

- Iclusig (ponatinib) is not indicated and is not recommended for the treatment of patients with newly diagnosed CP-CML.

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Newly diagnosed Ph+ ALL :
  - 10mg, 15mg, 30mg tablets: 30 per 30-day supply
- All other diagnoses listed above:
  - 10mg, 15mg, 30mg, 45mg tablets: 30 per 30-day supply

APPROVAL LENGTH

- **Authorization:** 1 year
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and does not show evidence of progressive disease.

APPENDIX

N/A

REFERENCES

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2. NCCN Clinical Practice Guidelines in Oncology. Acute Lymphoblastic Leukemia V.2.2024. Updated July 19, 2024. Accessed September 1, 2024. https://www.nccn.org/professionals/physician_gls/pdf/all.pdf.
3. NCCN Clinical Practice Guidelines in Oncology. Chronic Myeloid Leukemia V.1.2025. Updated August 8, 2024. Accessed September 1, 2024. https://www.nccn.org/professionals/physician_gls/pdf/cml.pdf.
4. NCCN Clinical Practice Guidelines in Oncology. Gastrointestinal Stromal Tumors V.2.2024. Updated July 31, 2024. Accessed October 14, 2024. https://www.nccn.org/professionals/physician_gls/pdf/gist.pdf
5. George S, von Mehren M, Fletcher JA, et al. Phase II study of ponatinib in advanced gastrointestinal stromal tumors: efficacy, safety, and impact of liquid biopsy and other biomarkers. *Clin Cancer Res*. 2022;28(7):1268-1276. doi:10.1158/1078-0432.CCR-21-2037
6. NCCN Clinical Practice Guidelines in Oncology. Myeloid/Lymphoid Neoplasms with Eosinophilia and Tyrosine Kinase Gene Fusions V.2.2024. Updated June 19, 2024. Accessed October 14, 2024. https://www.nccn.org/professionals/physician_gls/pdf/mlne.pdf