# imatinib (Gleevec®)

EOCCO POLICY

## Policy Type: PA/SP  Pharmacy Coverage Policy: EOCCO128

### Description

Imatinib (Gleevec) is an orally administered protein-tyrosine kinase inhibitor that inhibits the bcr-abl tyrosine kinase to suppress proliferation and promote apoptosis of cancer cells.

### Length of Authorization

- Initial: 12 months
- Renewal: 12 months

### Quantity limits

| Product Name | Dosage Form | Indication | Quantity Limit |
|---|---|---|---|
| imatinib | 100 mg tablet | Chronic eosinophilic leukemia;<br><br>Dermatofibrosarcoma protuberans, unresectable, recurrent, and/or metastatic;<br><br>Gastrointestinal stromal tumor, Kit (CD117)-positive, adjuvant treatment;<br><br>Gastrointestinal stromal tumor, Kit (CD117)-positive, unresectable or metastatic disease;<br><br>Hypereosinophilic syndrome;<br><br>Myelodysplastic syndrome, PDGFR gene rearrangement;<br><br>Myelodysplastic syndrome, chronic, PDGFR gene rearrangement;<br><br>Philadelphia chromosome-positive acute lymphoblastic leukemia, newly diagnosed, in combination with chemotherapy; | 90 tablets/30 days |
| | 400 mg tablet | | 30 tablets/30 days |
| imatinib (Gleevec) | 100 mg tablet | | 90 tablets/30 days |
| | 400 mg tablet | | 30 tablets/30 days |

P.O. BOX 40384
PORTLAND, OR 97240
www.eocco.com



MEDICAL
888-788-9821
PHARMACY
888-474-8539
BEHAVIORAL HEALTH
800-493-0040

| | | | |
|---|---|---|---|
| Imatinib (Imkeldi) solution | 80 mg/mL oral solution | Philadelphia chromosome-positive acute lymphoblastic leukemia, relapsed/refractory;<br><br>Philadelphia chromosome positive chronic myelogenous leukemia, accelerated phase or blast crisis;<br><br>Philadelphia chromosome positive chronic myelogenous leukemia, chronic phase, after failure of interferon-alpha therapy;<br><br>Philadelphia chromosome positive chronic myelogenous leukemia, chronic phase, newly diagnosed;<br><br>Systemic mast cell disease, aggressive, D816V c-Kit mutation negative or unknown | 140mL/28 days |

## Initial Evaluation

I. **Imatinib (imatinib, Gleevec, Imkeldi)** may be considered medically necessary when the following criteria below are met:
   A. Member is 18 years of age or older for all indications except the following;
      1. Philadelphia chromosome-positive acute lymphoblastic leukemia, newly diagnosed, in combination with chemotherapy
      2. Philadelphia chromosome positive chronic myelogenous leukemia, chronic phase, newly diagnosed;
      **AND**
   B. Medication is prescribed by, or in consultation with, an oncologist **AND**
   C. Not used in combination with other oral oncolytic therapies (e.g., sunitinib [Sutent], regorafenib [Strivarga], bosutinib [Bosulif], nilotinib [Tasigna]); **AND**
   D. Request is for generic imatinib tabs; **OR**
      1. Request is for imatinib (Imkeldi) solution; **AND**
         i. Treatment with generic imatinib tabs has been ineffective, not tolerated, or is contraindicated (Note: imatinib tablets can be mixed with apple juice or water and used as a suspension); **OR**
      2. Request is for BRAND Gleevec; **AND**
         i. Treatment with generic imatinib tabs has been ineffective, not tolerated, or is contraindicated; **AND**
   E. A diagnosis of one of the following:

1. **Chronic eosinophilic leukemia**
2. **Dermatofibrosarcoma protuberans, unresectable, recurrent, and/or metastatic**
3. **Gastrointestinal stromal tumor, Kit (CD117)-positive, adjuvant treatment**
4. **Gastrointestinal stromal tumor, Kit (CD117)-positive, unresectable or metastatic disease**
5. **Hypereosinophilic syndrome**
6. **Myelodysplastic syndrome, PDGFR gene rearrangement**
7. **Myelodysplastic syndrome, chronic, PDGFR gene rearrangement**
8. **Philadelphia chromosome-positive acute lymphoblastic leukemia, newly diagnosed, in combination with chemotherapy**
9. **Philadelphia chromosome-positive acute lymphoblastic leukemia, relapsed/refractory**
10. **Philadelphia chromosome positive chronic myelogenous leukemia, accelerated phase or blast crisis**
11. **Philadelphia chromosome positive chronic myelogenous leukemia, chronic phase, after failure of interferon-alpha therapy**
12. **Philadelphia chromosome positive chronic myelogenous leukemia, chronic phase, newly diagnosed**
13. **Systemic mast cell disease, aggressive, D816V c-Kit mutation negative or unknown**

II. Imatinib (Gleevec) is considered investigational when used for all other conditions, including but not limited to:

A. Breast cancer
B. Cervical cancer
C. Graft-versus-host disease
D. Malaria
E. Melanoma
F. Mesothelioma
G. Multifocal leukoencephalopathy
H. Multiple sclerosis
I. Neurofibromas
J. Non-Hodgkin's lymphoma
K. Ovarian or peritoneal cancers
L. Pancreatic cancer
M. Renal cancers
N. Sickle cell anemia
O. Thyroid cancer

## Renewal Evaluation

I. Member has received a previous prior authorization approval for this agent through this health plan; **AND**
II. Member is not continuing therapy based off being established on therapy through samples, manufacturer coupons, or otherwise. Initial policy criteria must be met for the member to qualify for renewal evaluation through this health plan; **AND**
III. Prescribed by, or in consultation with, an oncologist; **AND**
IV. Member has exhibited improvement or stability of disease with lack of disease progression; **AND**
V. Request is for generic imatinib tabs; **OR**
    A. Request is for imatinib (Imkeldi) solution; **AND**
        i. Treatment with generic imatinib tabs has been ineffective, not tolerated, or is contraindicated (Note: imatinib tablets can be mixed with apple juice or water and used as a suspension); **OR**
    B. Request is for BRAND Gleevec; **AND**
        i. Treatment with generic imatinib tabs has been ineffective, not tolerated, or is contraindicated

## Supporting Evidence

I. Imatinib (Gleevec) is a tyrosine kinase inhibitor, indicated in a variety of disease states in adults, and two indications have been evaluated with treatment of imatinib (Gleevec) in pediatric patients. Dosing is indication specific, but ranges from 100 mg to 800 mg per day, with standard dosing ranging from 400 mg to 800 mg per day. Dose adjustments may be warranted in the setting of toxicity or organ dysfunction/impairment. Imatinib (Gleevec) may be used as monotherapy or in addition to chemotherapy for certain indications. Use with other oral tyrosine kinase oncolytic therapies has not been evaluated for safety and/or efficacy to date.
II. Overarching indications include chronic myeloid leukemia (CML), acute lymphoblastic leukemia (ALL), gastrointestinal stromal tumor (GIST), eosinophilic leukemia and syndromes, dermatofibrosarcoma protuberans, myelodysplastic syndromes, and systemic mast cell disease. An extensive number of clinical trials have been completed for imatinib (Gleevec).
III. Generic imatinib is available and is recognized as the AB-rated interchangeable generic to Gleevec. It provides better value and is a cost effective option compared to brand Gleevec with no known safety or efficacy differences at this time. Payment consideration for brand is reserved for those that have had inefficacy, intolerance, or contraindication to generic imatinib. Occurrence of toxicities known to be in the adverse event profile of imatinib (Gleevec), does not meet medical necessity for brand over generic exception. If toxicity occurs, consistent with the imatinib (Gleevec) adverse event profile, dose reduction or discontinuation may be appropriate.

IV. Imatinib (Gleevec) has been studied in patients of various ages, ranging all the way down to 1 year old, in the treatment of Philadelphia chromosome-positive acute lymphoblastic leukemia (Ph+ ALL). COG AALL-0031 included patients 1-21 years of age (n=92) with Ph+ ALL. Patients were treated with an intensive chemotherapy regimen combined with imatinib 340 mg/m2/day. Administration of imatinib was increased progressively in five different patient cohorts in which imatinib was received from 42 (cohort 1; n=7) to 280 continuous days (cohort 5; n=50) before maintenance therapy. Results from AALL-0031 demonstrated that addition of imatinib to chemotherapy was tolerable and it improved 3-year EFS compared with that in historical control (e.g., only chemotherapy) (80.5% vs. 35%; P<0.0001, respectively). There were no significant toxicities associated with adding imatinib to intensive chemotherapy. Some adverse events seen were ALT elevation, neutropenia, and lower total WBC count. Long-term follow up of imatinib in the treatment of Ph+ ALL was completed in various durations and chemotherapy regimens. The long-term follow up to AALL-0031 demonstrated consistent, positive results regarding 5-year event-free survival (58% + 6%) and there were not any adverse events of concern. Additional long-term follow-up conducted in various other studies demonstrated positive overall survival rates (e.g., around 40%). Overall, these are lower quality trials (i.e., small population, surrogate markers), however, there is moderate confidence in the data as there are multiple trials that overall porin in the direction of positive results.

## Investigational or Not Medically Necessary Uses

I. Imatinib (Gleevec) has not been sufficiently evaluated for safety and/or efficacy and/or is in clinical trials for the following indications:
   A. Breast cancer
   B. Cervical cancer
   C. Graft-versus-host disease
   D. Malaria
   E. Melanoma
   F. Mesothelioma
   G. Multifocal leukoencephalopathy
   H. Multiple sclerosis
   I. Neurofibromas
   J. Non-Hodgkin's lymphoma
   K. Ovarian or peritoneal cancers
   L. Pancreatic cancer
   M. Renal cancers
   N. Sickle cell anemia
   O. Thyroid cancer

## References

1. Gleevec [Prescribing Information]. East Hanover, NF. Novartis Pharmaceuticals Corp. September 2017.
2. U.S. National Library of Medicine clinical Trials Registry. Available at: https://clinicaltrials.gov. Accessed November 2019.
3. Orange Book: Approved Drug Products with therapeutic Equivalence Evaluations. U.S. Food & Drug Administration. Available at: https://www.accessdata.fda.gov/scripts/Cder/ob/search_product.cfm. Accessed November 2019.

## Policy Implementation/Update:

| Action and Summary of Changes | Date |
|---|---|
| Added to the supporting evidence for dasatinib in the treatment of Ph+ ALL. | 02/2025 |
| Added imatinib solution Imkeldi. Updated criteria to step through generic imatinib tabs | 12/2024 |
| Prior authorization criteria transitioned to policy format, new indications added/specified, age edit added, addition of specialist provider, and limitation of dual oral therapy. | 11/2019 |
| Generic imatinib preferred therapy indicated for initial and continuation of therapy, unless medical necessity for brand met. | 11/2018 |
| Criteria questions rearranged and clarified. | 08/2017 |
| Criteria updated to prefer generic imatinib for initial approval. | 05/2017 |
| Criteria updated for new disease states. | 02/2016 |
| Policy Created | 08/2008 |