**Overview**
The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met, and the member has no exclusions to the prescribed therapy.

**FDA-Approved Indications**
Treatment of relapsed or refractory acute myeloid leukemia (AML) in adult patients with a susceptible isocitrate dehydrogenase-1 (IDH1) mutation as detected by an approved test.

All other indications are considered experimental/investigational and are not a covered benefit.

**Coverage Guidelines**
Authorization may be granted for members when all the following criteria are met, and clinical documentation has been submitted:

1. Documented diagnosis of acute myeloid leukemia with a susceptible IDH1 mutation as detected by an FDA-approved test **AND**
2. Documented relapsed or refractory disease **AND**
3. The prescribing physician is an oncologist or hematologist **AND**
4. Requested quantity does not exceed 60 tablets per 30 days

AllWays Health Partners may authorize coverage for use for other cancer diagnoses outside of FDA indications provided effective treatment with such drug is recognized as a “Medically Accepted Indication” according to the National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium as indicated by a Category 1 or 2A for quality of evidence and level of consensus. Clinical
documentation supporting the drug’s effectiveness in treating the intended cancer, including the applicable NCCN guideline(s) is required.

Limitations
1. Approvals will be granted for 12 months.
2. The following quantity limits apply:

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References

Sprycel (dasatinib) [prescribing information]. Princeton, NJ: Bristol-Myers Squibb Company; November 2017

Review History
04/17/19 – Reviewed
08/01/19 – Implemented

Disclaimer
AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.