

Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	December 14, 2012  November 23, 2015

**SYNRIBO® (omacetaxine mepesuccinate)**

**LENGTH OF AUTHORIZATION:** 90 days

**REVIEW CRITERIA:**

- Patient must be ≥18 years old.
- Must have current history of chronic myeloid leukemia (CML) in chronic phase or accelerated phase that can be verified by progress notes, discharge notes, health conditions, or medication claims history.
- Patient must have failed therapy with at least two tyrosine kinase inhibitors (TKIs):

<b>Tyrosine Kinase Inhibitors used for the treatment of CML</b>
Bosulif (bosutinib)
Gleevec (imatinib)
Sprycel (dasatinib)
Tasigna (nilotinib)
Iclusig (ponatinib)

**DOSING & ADMINISTRATION:**

- Induction Dose: 1.25 mg/m<sup>2</sup> administered by subcutaneous injection twice daily for 14 consecutive days of a 28-day cycle.
- Maintenance Dose: 1.25 mg/m<sup>2</sup> administered by subcutaneous injection twice daily for 7 consecutive days of a 28-day cycle.