Market Applicability							
Market	**DC**	**GA**	**KY**	**MD**	**NJ**	**NY**	**WA**
Applicable	X	X	X	X	X	X	X

Sprycel (dasatinib)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Sprycel (dasatinib)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Sprycel (dasatinib) may be approved if the following criteria are met:

I. Individual has a new diagnosis of Philadelphia chromosome positive (Ph+) Chronic Myelogenous Leukemia (CML) in chronic phase (Label, NCCN 2A); **OR**

II. Individual has a diagnosis of chronic, accelerated, or myeloid or lymphoid blast phase Ph+ CML with resistance or intolerance to prior therapy including imatinib (Label) ; **OR**

III. Individual has a diagnosis of chronic phase Ph+ CML disease and using Sprycel (dasatinib) as alternative treatment after primary treatment of imatinib, bosutinib, or nilotinib; **AND**

IV. Individual does not have any of the following BCR-ABL1 mutation profiles (NCCN 2A):
   A. T315I/A; **OR**
   B. F317L/V/I/C; **OR**
   C. V299L;

OR

V. Individual has a diagnosis of Ph+ Acute Lymphoblastic Leukemia (ALL) with resistance (i.e. relapse/refractory) or intolerance to prior therapy (Label, NCCN 2A); **AND**

VI. Individual does not have any of the following BCR-ABL 1 mutations:
   A. T315I/A; **OR**
   B. F317L/V/I/C; **OR**
   C. V299L;

OR

VII. Individual has Philadelphia-like or positive ALL and using Sprycel (dasatinib) as a component of induction and/or consolidation therapy (NCCN 2A);

OR

Market Applicability							
Market	**DC**	**GA**	**KY**	**MD**	**NJ**	**NY**	**WA**
Applicable	X	X	X	X	X	X	X

VIII. Individual has a diagnosis of Soft Tissue Sarcoma – Gastrointestinal Stromal Tumors (GIST) (NCCN 2A); **AND**
IX. Individual has confirmed PDGFRA D842V mutation; **AND**
X. Individual is using in treatment after disease progression after single agent therapy with imatinib, sunitinib and regorafenib;

OR

XI. Individual has a diagnosis of Ph+ CML in chronic phase in children and adolescents weighing at least 10 kg (22 pounds);

OR

XII. Individual has a new diagnosis of Ph+ ALL; **AND**
XIII. Individual is a child or adolescent weighing at least 10 kg (22 pounds); **AND**
XIV. Individual is using in combination with chemotherapy;

OR

XV. Individual has a diagnosis of recurrent Chordoma (NCCN 2A).

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2019. URL: http://www.clinicalpharmacology.com. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology™. © 2020 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: http://www.nccn.org/index.asp. Updated periodically. Accessed on January 23, 2020
    a. Acute Lymphoblastic Leukemia. V1.2020. Revised January 15, 2020.
    b. Bone Cancer. V1.2020. Revised August 12, 2019.
    c. Chronic Myeloid Leukemia. V2.2020. Revised September 25, 2019.
    d. Pediatric Acute Lymphoblastic Leukemia. V2.2020. Revised November 25, 2019.
    e. Soft Tissue Sarcoma. V4.2019. Revised September 12, 2019.