# SPRYCEL (dasatinib)

## **Pre - PA Allowance**

None

## **Prior-Approval Requirements**

### **Diagnoses**

Patient must have **ONE** of the following:

- 1. Philadelphia chromosome positive chronic myeloid leukemia (Ph+ CML)
  - a. 1 year of age or older
- 2. Philadelphia chromosome positive acute lymphoblastic leukemia (Ph+ ALL)
  - a. 1 year of age or older
- 3. Gastrointestinal stromal tumor (GIST)
  - a. 18 years of age or older
  - b. PDGFRA D842V mutation
  - c. Prior therapy with imatinib, sunitinib, or regorafenib

#### AND ALL of the following for Ph+ CML or Ph+ ALL diagnoses:

- a. Confirmed by molecular testing by the detection of the Ph chromosome or BCR-ABL gene prior to initiation of therapy
- b. If the patient has had prior therapy with a TKI then **ONE** of the following requirements must be met:
  - i. Member experienced resistance to prior therapy with TKI
    - Results from mutational testing are negative for the T315I mutation
  - ii. Member experienced toxicity or intolerance to prior therapy with a TKI

#### **AND** the following for **ALL** indications:

 a. Brand Sprycel only: Patient MUST have tried the preferred product (generic Sprycel: dasatinib) unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

## **Prior - Approval Limits**

#### Quantity

Strength	Quantity
20 mg	180 tablets per 90 days <b>OR</b>
50 mg	180 tablets per 90 days <b>OR</b>



Federal Employee Program.

# SPRYCEL (dasatinib)

70 mg	180 tablets per 90 days <b>OR</b>
80 mg	90 tablets per 90 days <b>OR</b>
100 mg	90 tablets per 90 days <b>OR</b>
140 mg	90 tablets per 90 days

Maximum daily limit of any combination: 180 mg

**Duration** 12 months

## Prior - Approval Renewal Requirements

### **Diagnoses**

Patient must have **ONE** of the following:

- 1. Philadelphia chromosome positive chronic myeloid leukemia (Ph+ CML)
  - a. 1 year of age or older
- 2. Philadelphia chromosome positive acute lymphoblastic leukemia (Ph+ ALL)
  - a. 1 year of age or older
- 3. Gastrointestinal stromal tumors (GIST)
  - a. 18 years of age or older

#### **AND** the following for **ALL** indications:

a. Complete or partial response to therapy or lack of disease progression

## Prior - Approval Renewal Limits

Same as above