Custom Criteria for
BlueCross Blue Shield of Rhode Island Commercial

catamaran™

BOSULIF® (bosutinib)

GPI CODING:

215340120003**

DESCRIPTION:

Bosulif is indicated for the treatment of adult patients with chronic, accelerated, or blast phase Philadelphia chromosome-positive chronic myelogenous leukemia (CML) with resistance or intolerance to prior therapy. Bosulif is a second-generation tyrosine kinase inhibitor. Bosulif inhibits the BCR-ABL kinase that promotes CML and Src-family kinases. Bosulif was able to inhibit growth of murine myeloid tumors expressing several imatinib-resistant forms of BCR-ABL.

APPROVAL DURATION:

Approval duration: 12 months

CRITERIA FOR BOSULIF

I. Patient has a diagnosis of Philadelphia chromosome-positive or BCR-ABL–positive CML **AND**
II. Patient is ≥ 18 years of age **AND**
III. Patient experienced resistance or intolerance to prior therapy for CML including imatinib, dasatinib, or nilotinib
IV. For new starts with resistance to prior therapy, T315I mutation testing was performed and result was negative
V. For continuation of ≥ 12 months of therapy for chronic phase CML, patient does not show evidence of disease progression

OR

I. Off label uses for oncology drugs are approvable if considered medically acceptable in one or more of the following compendia (i.e., Micromedex DrugDex, AHFS, Clinical Pharmacology, and NCCN.)) *A use is identified by a compendium as medically accepted if the:*
    - *Indication is a Category 1 or 2A in NCCN,*
    - *Indication is a Class I, Class IIa or Class IIb in DrugDex,*
    - *Narrative text in AHFS or Clinical Pharmacology is supportive; or*
    - *The use is supported by clinical research in 2 or more peer-reviewed medical journals as specified in the Compendial SOP document.*