Custom Criteria for
BlueCross Blue Shield of Rhode Island Commercial

SPRYCEL (dasatinib)

GPI CODING:

215340200003**

DESCRIPTION:

Sprycel is an oral multiple tyrosine kinase inhibitor indicated for the treatment of chronic myelogenous leukemia and Philadelphia chromosome-positive acute lymphoblastic leukemia with resistance or intolerance to previous treatment.

APPROVAL DURATION:

Approval duration: 1 year

CRITERIA FOR SPRYCEL

I. Treatment of chronic, accelerated, or myeloid or lymphoid blast phase chronic myeloid leukemia with resistance or intolerance to prior therapy including Gleevec (imatinib) **OR**
II. Treatment of Philadelphia chromosome-positive acute lymphoblastic leukemia with resistance or intolerance to prior therapy **OR**
III. Off label uses for oncology drugs 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:
   A. Indication is a Category 1 or 2A in NCCN,
   B. Indication is a Class I, Class IIa or Class IIb in DrugDex,
   C. Narrative text in AHFS or Clinical Pharmacology is supportive; or
   D. The use is supported by clinical research in 2 or more peer-reviewed medical journals