VENTURA COUNTY
HEALTH CARE PLAN

CARE VALUE POLICY

POLICY: Oncology – Dasatinib Care Value Policy
- Sprycel® (dasatinib tablets– Bristol-Myers Squibb, generic)

REVIEW DATE: 10/02/2024; Effective 01/01/2025

OVERVIEW

Dasatinib, a tyrosine kinase inhibitor (TKI), is indicated for the following uses:[1]

- **Philadelphia chromosome positive (Ph+) acute lymphoblastic leukemia (ALL)**:
  - In adults with resistance or intolerance to prior therapy.
  - In newly diagnosed pediatric patients ≥ 1 year of age in combination with chemotherapy.
- **Ph+ chronic myeloid leukemia (CML)**:
  - Chronic phase in newly diagnosed adults.
  - Chronic phase, accelerated, or myeloid or lymphoid blast phase, in adults with resistance or intolerance to prior therapy including imatinib.
  - Chronic phase, in pediatric patients ≥ 1 year of age.

POLICY STATEMENT

This Care Value program has been developed to encourage the use of the Preferred Product. For the Non-Preferred product, the patient is required to meet the standard *Oncology – Dasatinib Prior Authorization Policy* criteria. The program also directs the patient to try the Preferred Product prior to the approval of the Non-Preferred Product. Requests for the Non-Preferred Product will also be reviewed using the exception criteria (below). All approvals are provided for 1 year duration.

Documentation: Documentation will be required where noted in the criteria as **[documentation required]**. Documentation may include, but is not limited to, chart notes, prescription claims records, and prescription receipts.

Automation: None.

Preferred Product: generic dasatinib tablets
Non-Preferred Product: Sprycel

RECOMMENDED EXCEPTION CRITERIA

Non-Preferred Product	Exception Criteria
Sprycel	**1.** Approve for 1 year if the patient meets ALL of the following (A, B, and C): **A)** Patient meets the standard *Oncology – Dasatinib Prior Authorization Policy* criteria; AND **B)** Patient has tried generic dasatinib tablets **[documentation required]**; AND **C)** Patient cannot continue to take generic dasatinib tablets due to a formulation difference in the inactive ingredient(s) [e.g., difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction **[documentation required]**.

REFERENCES

1. Sprycel tablets [prescribing information]. Princeton, NJ: Bristol-Myers Squibb; July 2024.

HISTORY

Type of Revision	Summary of Changes	Review Date
New Policy	Effective date: 01/01/2025	10/02/2024