



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Service
Prior Authorization Criteria

Sprycel® (dasatinib)
[Prior Authorization Request Form](#)

Prior authorization requests for Sprycel will be approved if the following criteria are met:

- 1) Treatment of adults with chronic, accelerated, or myeloid or lymphoid blast phase chronic myeloid leukemia (CML) with resistance or intolerance to prior therapy including Gleevec® (imatinib); **OR**
- 2) Treatment of adults with Philadelphia chromosome-positive acute lymphoblastic leukemia with resistance or intolerance to prior therapy.

PI-Bristol Myers Squibb 06/2009

*Review and Approved
DUR Board 11/19/2009*