



**Office of Pharmacy Services
Prior Authorization Criteria**

Attachment D

Sprycel (dasatinib)

Sprycel will be approved for:

1. Treatment of newly diagnosed Philadelphia-chromosome positive chronic myeloid leukemia (Ph+CML) in chronic phase.
2. 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).
3. Treatment of adults with Philadelphia chromosome-positive acute lymphoblastic leukemia with resistance or intolerance to prior therapy.

PI-Bristol Myers Squibb 10/2/2010
Princeton, New Jersey and Tokyo, Japan
729US10EH19301

Approved by DUR Board 5/25/20011