

dasatinib (SPRYCEL)

Diagnoses Considered for Coverage:

- Chronic Myeloid Leukemia (CML)
- Acute Lymphoblastic Leukemia (ALL)
- Gastrointestinal Stromal Tumor (GIST)
- Chordoma
- Chondrosarcoma
- Cutaneous melanoma
- Myeloid, lymphoid, or mixed lineage neoplasms with eosinophilia and ABL1 rearrangement

Coverage Criteria:

For Chronic Myelogenous Leukemia (CML):

- Dose does not exceed 180 mg per day.

For Acute Lymphoblastic Leukemia (ALL):

- Patient is Philadelphia Chromosome positive, **and**
- Dose does not exceed 180 mg per day.

For Gastrointestinal Stromal Tumor (GIST):

- Being used as a single agent, **and**
- Being used as a single agent, **and**
- Presence of PDGFRA exon 18 mutation that is insensitive to imatinib, **and**
- Being used as subsequent therapy after disease progression with Ayvakit (avapritinib), **and**
- Dose does not exceed 180 mg per day.

For Myeloid, Lymphoid, or Mixed Lineage Neoplasms:

- Presence of eosinophilia, **and**
- Presence of ABL1 rearrangement, **and**
- Dose does not exceed 180 mg per day.

For Chordoma or Chondrosarcoma:

- Dose does not exceed 200 mg per day.

For Cutaneous Melanoma:

- Being used as a single agent, **and**
- Being used as second-line or subsequent therapy, **and**

- Provider attestation of the presence of KIT mutation.

Coverage Duration: one year

Effective Date: 02/28/2024