MEDICATION POLICY

Generic Name: Bosutinib

Therapeutic Class or Brand Name: Bosulif®

Applicable Drugs (if Therapeutic Class)**:** N/A

Date of Origin: 2/1/13 **Date Last Reviewed/Revised:** 12/6/17

GPI Code: 2153401200

Prior Authorization Criteria (may be considered medically necessary when criteria I through V are met):

I. Documented diagnosis of chronic, accelerated, or blast phase Chronic Myelogenous Leukemia (CML).

II. Documentation that the patient's CML is Philadelphia chromosome-positive (Ph+).

III. Documented trial and failure of, intolerance to, or contraindication to, one of the following other tyrosine kinase inhibitor (TKI) therapies for CML: dasatinib (Sprycel®), imatinib (Gleevec®), nilotinib (Tasigna®), or ponatinib (Iclusig®).

IV. Minimum age requirement: 18 years old.

V. The prescribing physician is an oncologist or a hematologist.

Exclusion Criteria:

- N/A

Other Criteria:

- N/A

Quantity/Days Supply Restrictions:

- Doses are limited to 600 mg per day. The quantity is limited to a maximum of a 30 day supply per fill.

Approval Length:

- **Authorization:** 1 year.
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective.

Appendix:

MEDICATION POLICY

N/A

References:

1. http://blue.regence.com/trgmedpol/drugs/dru285.pdf.
2. Medi-Span.
3. http://labeling.pfizer.com/ShowLabeling.aspx?id=884.

MEDICATION POLICY

Historical Tracking Of Changes Made To Policy	
12/6/2017	1. Policy reviewed: no changes made.
9/29/2016	1. **Removed** "http://www.connecticare.com/provider/PDFs/Pharmacy/Bosulif.pdf" **from References** (link no longer valid).
3/27/2015	1. Policy reviewed: no changes made.
11/25/2013	1. **Adapted policy to new format.** 2. **Added GPI Code**. 3. **Changed** "Documented diagnosis of Chronic Myelogenous Leukemia (CML)" **to** "Documented diagnosis of chronic, accelerated, or blast phase Chronic Myelogenous Leukemia (CML)" **under Prior Authorization Criteria**. 4. **Added** "intolerance to" **to** "Documented trial and failure of, intolerance to, or contraindication to, one of the following other tyrosine kinase inhibitor (TKI) therapies for CML: dasatinib (Sprycel®), imatinib (Gleevec®), nilotinib (Tasigna®), or ponatinib (Iclusig®)" **under Prior Authorization Criteria**. 5. **Added** "The prescribing physician is an oncologist or a hematologist" **under Prior Authorization Criteria**. 6. **Updated references** to include Medi-Span.