

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

Ethyol (amifostine)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Ethyol (amifostine)

APPROVAL CRITERIA

Requests for Ethyol (amifostine) may be approved if the following criteria are met:

- I. Prophylaxis of cisplatin nephropathy for individuals with advanced ovarian cancer; **OR**
- II. Prophylaxis of post-operative radiation-induced xerostomia for individuals with head and neck cancers.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2017. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

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New Program Date 05/21/2018

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

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DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website.
<http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: 10/2017.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2017; Updated periodically.

The NCCN Drugs & Biologics Compendium (NCCN Compendium™) © 2017 National Comprehensive Cancer Network, Inc.
 Available at: NCCN.org. Updated periodically.

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