

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

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. Individual has a diagnosis of advanced ovarian cancer; **AND**
- II. Individual is using as prophylaxis in cisplatin nephropathy;

OR

- III. Individual has a diagnosis of head and neck cancer; **AND**
- IV. Individual is using for prophylaxis of post-operative radiation-induced xerostomia.

Requests for Ethyol (amifostine) may not be approved when the above criteria are not met and for all other indications.

Key References:

CRX-ALL-0494-20

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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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Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2019. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: October 8, 2019.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.

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