

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

## Purixan (mercaptopurine)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Purixan (mercaptopurine)

### APPROVAL CRITERIA

Requests for Purixan (mercaptopurine) may be approved if the following criteria are met:

- I. Individual has a diagnosis of Acute lymphoblastic leukemia (ALL); **AND**
- II. Individual is receiving Purixan (mercaptopurine) as part of a combination chemotherapy regimen;

**OR**

- III. Individual is using for the maintenance treatment of lymphoblastic lymphoma (AHFS);

**OR**

- IV. Individual is using for the maintenance treatment of acute promyelocytic leukemia (AHFS);

**OR**

- V. Individual has a diagnosis of ulcerative colitis (AHFS).

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

### Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

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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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 2018.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.
5. The NCCN Drugs & Biologics Compendium (NCCN Compendium™) © 2018 National Comprehensive Cancer Network, Inc. Available at: NCCN.org. Updated periodically.

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