

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

## Proleukin (aldesleukin)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Proleukin (aldesleukin)

### APPROVAL CRITERIA

Requests for Proleukin (aldesleukin) may be approved if the following criteria are met:

- I. Individual has metastatic malignant melanoma; **OR**
- II. Individual has metastatic renal cell cancer.

Proleukin (aldesleukin) may **not** be approved for any of the following:

- I. Individual has an abnormal thallium stress test; **OR**
- II. Individual has an abnormal pulmonary function test; **OR**
- III. Individual with organ allografts.

\*Note: Proleukin should be administered in a hospital setting under the supervision of a qualified physician. Therapy with Proleukin should be restricted to patients with normal cardiac and pulmonary functions as defined by thallium stress testing and formal pulmonary function testing.

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

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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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**Key References:**

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

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