

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 has a diagnosis of moderately to severely or chronically active Crohn's Disease (AHFS);

**OR**

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

State Specific Mandates		
N/A	N/A	N/A

### Key References:

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

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed 4/2018.

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

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.

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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.

CRX-ALL-0199-18

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