

Emcyt (estramustine phosphate sodium)

Override(s)	Approval Duration
Prior Authorization	1 Year

Medications
Emcyt (estramustine phosphate sodium)

APPROVAL CRITERIA

- I. Individual is 18 years of age or older; **AND**
- II. Individual has a diagnosis of metastatic and/or progressive prostate cancer; **AND**
- III. Using for palliative treatment.

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.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed January 30, 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.