

Mesnex (mesna)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Mesnex (mesna) tablets
Mesnex (mesna) intravenous solution

APPROVAL CRITERIA

Requests for Mesnex (mesna) may be approved if the following criteria are met:

- I. Individual is using as a prophylactic agent in reducing the incidence of ifosfamide-induced hemorrhagic cystitis;

OR

- II. Individual is using as a prophylactic agent in reducing incidence of hemorrhagic cystitis in those receiving high-dose cyclophosphamide (AHFS);

OR

- III. Individual is using in combination with ifosfamide; **AND**

- IV. Individual has a diagnosis of one of the following:

- A. Ovarian Cancer (NCCN 2A); **OR**
- B. Acute Lymphoblastic leukemia (NCCN 2A); **OR**
- C. B-Cell Lymphomas (NCCN 2A); **OR**
- D. Pediatric B-Cell Lymphomas (NCCN 2A); **OR**
- E. Bladder cancer (NCCN 2A); **OR**
- F. Bone cancer, including Ewing Sarcoma and Osteosarcoma (NCCN 2A); **OR**
- G. Gestational Trophoblastic Neoplasia; **OR**
- H. Hodgkin Lymphoma (NCCN 2A); **OR**
- I. Pediatric Acute Lymphoblastic Leukemia (NCCN 2A); **OR**
- J. Pediatric Hodgkin Lymphoma (NCCN 2A); **OR**
- K. Penile Cancer (NCCN 2A); **OR**
- L. Primary Cutaneous Lymphomas (NCCN 2A); **OR**
- M. T-Cell Lymphomas (NCCN 2A); **OR**
- N. Testicular Cancer (NCCN 2A); **OR**
- O. Soft tissue sarcoma (NCCN 2A); **OR**
- P. Thymomas and Thymic Carcinomas; **OR**
- Q. Uterine Neoplasms (NCCN 2A).

Key References:

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Updated periodically.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2023; Updated periodically.
4. NCCN Clinical Practice Guidelines in Oncology™. © 2023 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on September 20, 2023
 - a. Acute Lymphoblastic Lymphoma. V2.2023. Revised July 28, 2023.
 - b. B-Cell Lymphomas. V5.2023. Revised July 7, 2023.
 - c. Bladder Cancer. V3.2023. Revised May 25, 2023.
 - d. Bone Cancer. V2.2024. Revised August 7, 2023.
 - e. Gestational Trophoblastic Neoplasia. V1.2023. Revised March 13, 2023.
 - f. Hodgkin Lymphoma. V2.2023. Revised November 8, 2022.
 - g. Ovarian Cancer. V2.2023. Revised June 2, 2023.
 - h. Pediatric Acute Lymphoblastic Leukemia. V1.2024. Revised August 17, 2023.
 - i. Pediatric Aggressive Mature B-Cell Lymphomas. V1.2023. Revised April 4, 2023.
 - j. Pediatric Hodgkin Lymphoma. V2.2023. Revised March 9, 2023.
 - k. Penile Cancer. V1.2023. Revised December 1, 2022.
 - l. Primary Cutaneous Lymphomas. V1.2023. Revised January 5, 2023.
 - m. Soft Tissue Sarcoma. V2.2023. Revised April 25, 2023.
 - n. T-Cell Lymphomas. V1.2023. Revised January 5, 2023.
 - o. Testicular Cancer. V1.2023. Revised January 26, 2023.
 - p. Thymomas and Thymic Carcinomas. V1.2023. Revised December 15, 2022.
 - q. Uterine Neoplasms. V2.2023. Revised April 28, 2023.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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