

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 Pediatric acute lymphoblastic leukemia (ALL) (NCCN 2A); **AND**
- IV. Individual is receiving as part of a combination chemotherapy regimen;

OR

- V. Individual is using for the maintenance treatment of acute promyelocytic leukemia (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.; 2024; Updated periodically.
4. NCCN Clinical Practice Guidelines in Oncology™. © 2024 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on September 9, 2024.
 - a. Acute Lymphoblastic Leukemia. V2.204. Revised July 19, 2024.
 - b. Acute Myeloid Leukemia. V3.2024. Revised May 17, 2024.
 - c. Pediatric Acute Lymphoblastic Leukemia. V1.2025. Revised August 28, 2024.

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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