

# Ethylol (amifostine)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Ethylol (amifostine)

## **APPROVAL CRITERIA**

Requests for Ethylol (amifostine) may be approved if the following criteria are met:

- I. Individual has a diagnosis of advanced ovarian cancer; **AND**
- II. Individual is using as prophylaxis in cisplatin nephropathy;

### **OR**

- III. Individual has a diagnosis of head and neck cancer; **AND**
- IV. Individual is using for prophylaxis of post-operative radiation-induced xerostomia.

Requests for Ethylol (amifostine) may not be approved when the above criteria are not met and for all other indications.

## **Key References:**

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2019. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: October 8, 2019.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.