Hexalen (altretamine)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Hexalen (altretamine)

APPROVAL CRITERIA

Requests for Hexalen (altretamine) may be approved if the following criteria are met:

I. Individual has a diagnosis of recurrent or persistent ovarian cancer; **AND**
II. Individual is using Hexalen as monotherapy, following first-line combination chemotherapy; **AND**
III. Individual is using for palliative treatment.

Note: Hexalen (altretamine) has a black box warning regarding initial and ongoing monitoring of peripheral blood counts, and also for potential toxicities related to neurotoxicity. Neurologic examination should be performed regularly during Hexalen administration.

State Specific Mandates		
State name N/A	Date effective N/A	Mandate details (including specific bill if applicable) 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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