

## PHARMACY PRE-AUTHORIZATION CRITERIA



<b>DRUG (S)</b>	<b>Voraxaze (Glucarpidase)</b>
<b>POLICY #</b>	22168
<b>INDICATIONS</b>	<b>Voraxaze</b> is indicated for the treatment of toxic plasma methotrexate concentrations ( > 1 micromole per liter) in patients with delayed methotrexate clearance due to impaired renal function.
<b>CRITERIA</b>	ConnectiCare, Inc. considers <b>Voraxaze</b> to be medically necessary for the treatment of toxic plasma methotrexate concentrations ( > 1 micromole per liter ) in patients with delayed methotrexate clearance due to impaired renal function.
<b>LIMITATIONS</b>	<b>Voraxaze</b> is not indicated for use in the following patients: <ul style="list-style-type: none"><li>○ Patients who exhibit the expected clearance of methotrexate defined as plasma methotrexate concentrations within 2 standard deviations of the mean methotrexate excretion curve specific for the dose of methotrexate administered; <b>OR</b></li><li>○ Patients with normal or mildly impaired renal function because of the potential risk of subtherapeutic exposure to methotrexate</li></ul>
<b>REFERENCES</b>	1. Voraxaze [package insert]. BTG International Inc. Brentwood, TN. January 2012
<b>P&amp;T REVIEW HISTORY</b>	5/18, 5/19
<b>REVISION RECORD</b>	5/18