

Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

Vistogard (uridine triacetate)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Vistogard 10-gm single dose packets	4 packets per day 20 packets per 30 days

APPROVAL CRITERIA

Request for Vistogard (uridine triacetate) may be approved if the following criteria are met:

I. Individual has a diagnosis of fluorouracil or capecitabine overdose, regardless of the presence of symptoms;

OR

II. Individual exhibits early-onset, severe or life-threatening toxicity to fluorouracil or capecitabine, affecting the cardiac or central nervous system, and/or early-onset, unusually severe adverse reactions;

AND

III. Therapy is initiated within 96 hours following the end of fluorouracil or capecitabine administration.

Note: Vistogard is not recommended for the non-emergent treatment of adverse reactions associated with fluorouracil or capecitabine because it may diminish the efficacy of these drugs.

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2015. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed April 21, 2015.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2015; Updated periodically.

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