Custom Criteria for
BlueCross Blue Shield of Rhode Island Commercial

OFORTA (fludarabine)

GPI CODING:

21300025100320

DESCRIPTION:

Oforta is an oral tablet formulation of fludarabine, an antimetabolite antineoplastic agent. Oforta is indicated for the treatment of adults with B-cell chronic lymphocytic leukemia.

APPROVAL DURATION:

Approval duration: 1 year

CRITERIA FOR OFORTA

I. Patient is an adult with B-cell chronic lymphocytic leukemia **OR**
II. Off label uses for oncology drugs if considered medically acceptable in one or more of the following compendia (i.e., Micromedex DrugDex, AHFS, Clinical Pharmacology, and NCCN.) A use is identified by a compendium as medically accepted if the:
   A. Indication is a Category 1 or 2A in NCCN,
   B. Indication is a Class I, Class IIa or Class IIb in DrugDex,
   C. Narrative text in AHFS or Clinical Pharmacology is supportive; or
   D. The use is supported by clinical research in 2 or more peer-reviewed medical journals

AND

III. Patient has not responded to or has experienced disease progression during or after an alkylating agent-containing regimen **AND**
IV. Patient is not exhibiting signs and symptoms of neurotoxicity or bone marrow suppression **AND**
V. Patient will not receive concurrent therapy with Nipent (pentostatin) while taking Oforta