BlueCross BlueShield
Federal Employee Program

IWILFIN
(eflornithine)

Pre - PA Allowance

None

Prior-Approval Requirements

Diagnosis

Patient must have the following:

High-risk neuroblastoma (HRNB)

AND ALL of the following:

a. Patient has demonstrated at least a partial response to prior multiagent, multimodality therapy including anti-GD2 immunotherapy
b. Prescriber agrees to perform complete blood count (CBC), liver function tests (LFTs), and baseline audiogram before initiating and during therapy with Iwilfin
c. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Iwilfin and for 1 week after the last dose
d. Males with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Iwilfin and for 1 week after the last dose

Prior - Approval Limits

Quantity 1,536 mg per day

Duration 12 months

Prior – Approval *Renewal* Requirements

Diagnosis

Patient must have the following:

High-risk neuroblastoma (HRNB)

AND ALL of the following:

a. **NO** disease progression or unacceptable toxicity

IWILFIN
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b. Prescriber agrees to monitor complete blood count (CBC), liver function tests (LFTs), and audiogram during therapy with Iwilfin
c. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Iwilfin and for 1 week after the last dose
d. Males with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Iwilfin and for 1 week after the last dose

Prior - Approval *Renewal* Limits

Quantity 1,536 mg per day

Duration 12 months (**ONE renewal ONLY)**