



Prior Authorization Approval Criteria

Agrylin (anagrelide)

Generic name:	Anagrelide
Brand name:	Agrylin
Medication class:	Platelet aggregation inhibitor
FDA-approved uses:	Thrombocythemia, secondary to myeloproliferative disorders
Usual dose:	0.5 mg q.i.d or 1 mg b.i.d. for at least one week. Dose should then be adjusted to the lowest effective dosage required to reduce and maintain platelet count below 600,000/uL, and ideally to the normal range. Maximum daily dose 10 mg/day, or 2.5 mg in a single dose.
Duration of therapy:	Indefinite* <i>* Only a 1-2 week supply should be approved initially, as platelet count begins to respond within 7-14 days.</i>

Criteria for use (*bullet points below are all inclusive unless otherwise noted*):

- Clinically documented thrombocytopenia.
- Must have an oncology/hematology consult.

Contraindication: Hypersensitivity to anagrelide.

Not approved if:

- Above guidelines for approval are not met
- Patient has any contraindications to the use of anagrelide.

FCHP Pharmacy and Therapeutics Committee approval: _____

Date: _____

Adopted: 11/12/2004