



Prior Authorization Approval Criteria
Department of Pharmacy Services

Generic Name: dexrazoxane

Brand Name: Zinecard

FDA Approved Uses: Reducing the incidence and severity of cardiomyopathy associated with doxorubicin administration in women with metastatic breast cancer who have received a cumulative doxorubicin dose of 300 mg/m² and who, in their physician's opinion, would benefit from continuing therapy with doxorubicin.

Medication Class: Cardioprotective agent

Usual Doses: Dosage ratio of Zinecard: doxorubicin is 10:1 administered by intravenous infusion.

Duration of Therapy: To be continued until doxorubicin treatment is stopped.

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

- Patient must be receiving chemotherapy with doxorubicin.
- Cumulative dose of doxorubicin must be at least 300 mg/m².

Contraindications:

- Dexrazoxane should not be used with chemotherapy regimens that do not contain an anthracycline.

Not approved if:

- Patient has any contraindications to the use of Dexrazoxane.
- Patient does not meet the above stated guidelines for approval.



P&T Approval: _____ Date: _____