



Office of Pharmacy Service Prior Authorization Criteria

Oforta®

Prior Authorization Criteria

Requests for Oforta® if the following criteria are met:

1. Diagnosis of β -cell chronic lymphocytic leukemia (CLL)
2. Over 18 years of age Is to be used as a single agent
3. Is to be used as a single agent
4. Evidence that disease has not responded to or has progressed during or after treatment with at least one standard alkylating agent

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Adopted by DUR Board 2/3/2010