

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Leucovorin tablets and injection solution

Notes:

- Quantity Limits: Yes

Initiation (new start) criteria, and criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously, and criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Formulary leucovorin will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by Hematology/Oncology
- Patient needs to be on chemotherapy that requires leucovorin supplementation

-OR-

- Prescribed by Rheumatologist
- Patient is on a therapy that requires leucovorin supplementation

-OR-

- Prescribed by a Developmental-Behavioral Pediatrician
- Patient has a diagnosis of diagnosis of autism spectrum disorder (ASD)