

Market Applicability/Effective Date															
Market	FL & FHK	FL MMA	FL LTC	GA	IND	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	NA	NA	X	X	NA	X	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

Medication	Quantity Limits
Arimidex (anastrozole)	1 tablet per day

OVERRIDE(S)

Prior Authorization of Benefits

APPROVAL DURATION

1 year

APPROVAL CRITERIA

Requests for Arimidex (anastrozole) may be approved for the following indications, when accompanying criteria are met:

- I. Breast cancer in:
 - a. Postmenopausal women with hormone receptor-positive breast cancer; **OR**
 - b. Premenopausal women treated with ovarian ablation/suppression; (NCCN); **OR**
 - c. Risk reduction therapy for postmenopausal women (NCCN); **OR**
 - d. Men with concomitant suppression of testicular steroidogenesis (NCCN);

OR

- II. Ovarian cancer (NCCN);

OR

- III. Uterine Neoplasms.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.