Anastrozole

Overrides	Approval Duration
Quantity Limit Prior Authorization	1 year

Medications	Quantity Limit
Anastrozole Arimidex (anastrozole)	1 tablet per day

APPROVAL CRITERIA

Requests for 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

State Specific Mandates		
N/A	N/A	N/A

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2016. URL: http://www.clinicalpharmacology.com. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed: 04/2016.

DrugPoints® System [Internet Database]. Greenwood Village, CO: Thomson Reuters (Healthcare) Inc. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2016; Updated periodically.

The NCCN Drugs & Biologics Compendium (NCCN Compendium™) © 2016 National Comprehensive Cancer Network, Inc. Available at: NCCN.org. Updated periodically.