

azacitidine (Vidaza)

APPROVED FOR: OFFICE ADMINISTRATION

Indications for Prior Authorization

- myelodysplastic syndrome (MDS)
 - refractory anemia
 - chronic myelomonocytic leukemia
- acute myeloid leukemia (AML)

The following indications do not meet the criteria for use established by the Western Health Advantage Pharmacy and Therapeutics Committee.

beta-thalassemia

chronic myelogenous leukemia (CML)

solid tumors

any other diagnosis not listed in the approved indications

ALL OF THE FOLLOWING MUST BE MET:

refractory anemia

1) failure or significant side effects to treatment with epoetin alpha

acute myeloid leukemia

- 1) Diagnosis of untreated acute myelogenous leukemia (AML) in elderly patients (>60 years old) who are not considered eligible to receive conventional induction therapy.

Dosing

initial

up to 75 mg/m² SC or IV for 7 days q 4 weeks for two treatment cycles

maintenance

up to 100 mg/m² SC or IV for 7 days, repeat q 4 weeks

The drug is approvable for coverage for 6 months.