

Drug(s)	LU code	Criteria/Comments
Myfortic (mycophenolate sodium)	392	For the prophylaxis of organ rejection in patients receiving allogeneic renal transplants. LU Authorization Period: Indefinite
Reminyl ER (galantamine)	347, 348	See Reminyl. Additional dosage forms added.
Vfend (voriconazole)	399 (Rev.)	Outpatient continuation of treatment for documented invasive aspergillosis in patients who have demonstrated a clinical response to either oral or parenteral voriconazole. Note: Limited to 3 months of reimbursement. The first prescription must be written by a physician at the hospital where the patient was hospitalized. LU Authorization Period: 1 year

Drug(s)	LU code	Criteria/Comments
Climara Estraderm Estradot Estrogel Oesclim Vivelle (estradiol 17-B)		Effective March 1, 2006, these products are delisted and are no longer available as Limited Use benefits.
Estalis (norethindrone acetate + estradiol 17-B) Estalis-Sequi (estradiol 17-B & norethindrone acetate + estradiol 17-B) Estracomb (estraderm 50 & estragest)		Effective March 1, 2006, these products are delisted and are no longer available as Limited Use benefits.

Drug(s)	LU code	Criteria/Comments
<p>Ogen (estropipate)</p> <p>Premarin (conjugated estrogens)</p> <p>Premplus (conjugated estrogens/ medroxyprogesterone)</p>	398	<p>Effective March 1, 2006, these products will change from General Benefit to Limited Use status.</p> <p>For short-term use in women who are experiencing symptoms of menopause.</p> <p>Note: Recent evidence has demonstrated that use of hormone replacement therapy (HRT) increases the rate of coronary events, breast cancer, dementia, stroke, venous thromboembolism and referrals for abnormal vaginal bleeding. These risks should be discussed with patients and reviewed periodically.</p> <p>LU Authorization Period: 1 year</p>

Drug(s)	LU code	Criteria/Comments
<p>Andriol (testosterone undecanoate)</p> <p>Delatestryl (testosterone enanthate)</p> <p>Depo-testosterone (testosterone cypionate)</p>	397	<p>Effective March 1, 2006, these products will change from General Benefit to Limited Use status.</p> <p>For male patients with confirmed low morning serum testosterone levels associated with documented, symptomatic hypothalamic, pituitary or testicular disease, or in HIV-infected patients.</p> <p>Note: Older males with nonspecific symptoms of fatigue, malaise, depression who have a low normal random testosterone level do not satisfy these criteria.</p> <p>LU Authorization Period: 1 year</p>