

**DRUGS COVERED UNDER THE  
MEDICARE REPLACEMENT DRUG DEMONSTRATION**

*(updated August 26, 2005)*

<b>Demonstration Covered Indication</b>	<b>Drug/Biological—Compound Name (Brand Name)</b>
Acromegaly	Pegvisomant (Somavert)
Ankylosing Spondylitis	Etanercept (Enbrel)
CMV Retinitis	Valcyte (Valganciclovir)
Gaucher Disease (Type 1)	Miglustat (Zavesca)
Hepatitis C	Interferon alafcon-1 (Infergen) Pegylated interferon alfa-2a (Pegasys) Pegylated interferon alfa-2b (PEG-Intron)
Multiple Sclerosis	Glatiramer acetate (Copaxone) Interferon beta –1a (Rebif, Avonex) Interferon beta –1b (Betaseron) H.P. Acthar Gel <i>(for patients with recurring or remitting acute exacerbations or painful flare-ups associated with multiple sclerosis)</i>
Paget's Disease	Alendronate (Fosamax) Risedronate (Actonel)
Post Menopausal Osteoporosis (patient must be homebound)	Calcitonin – nasal (Miacalcin – nasal) Risedronate (Actonel) Alendronate (Fosamax) Raloxifene hydrochlorid (Evista)
Psoriasis	Efalizumab (Raptiva) Etanercept (Enbrel)
Psoriatic Arthritis	Etanercept (Enbrel)
Pulmonary Hypertension	Bosentan (Tracleer)
Rheumatoid Arthritis	Adalimumab (Humira) Anakinra (Kineret) Etanercept (Enbrel)
Secondary Hyperparathyroidism	Doxercalciferol (Hectoral)
<b><i>Anti-Cancer Drugs</i></b>	
Breast Cancer <i>(Breast Cancer Stages 2-4 only and recurrent disease for ALL stages)</i>	Anastrozole (Arimidex) Exemestane (Aromasin) Letrozole (Femara) Tamoxifen (Nolvadex) Toremifene (Fareston)
Chronic Myelogenous Leukemia	Imatinib Mesylate (Gleevec)
Cutaneous T-cell Lymphoma	Bexarotene (Targretin)
Epithelial ovarian cancer	Altretamine (Hexalen)
GI Stromal Tumor	Imatinib Mesylate (Gleevec)
Multiple Myeloma	Thalidomide (Thalomid)

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Non-small cell lung cancer	Gefitinib (Iressa) ( <i>As of Sept. 15, 2005, beneficiaries enrolling for Iressa must also be eligible under the Iressa Access program.</i> ) Erlotinib HCl (Tarceva)
Prophylactic agent to reduce ifosfamide-induced hemorrhagic cystitis	Mesna (Mesnex)