

Priority Health Medicare Prior Authorization Criteria (Part D)

Erleada™

Products affected

- Erleada™

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	N/A
Age restrictions	N/A
Prescriber restrictions	N/A
Coverage duration	12 months
Other criteria	Patient must be receiving a gonadotropin-releasing hormone (GnRH) analog concurrently or have had a bilateral orchiectomy.