

Priority Health Medicare Prior Authorization Criteria (Part D)

Cotellic®

Products affected

- Cotellic®

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	Must have an Eastern Cooperative Oncology Group (ECOG) performance status of 0-2.
Age restrictions	N/A
Prescriber restrictions	N/A
Coverage duration	One year
Other criteria	For diagnosis of unresectable or metastatic melanoma with a BRAF V600E or V600K mutation, must be used in combination with Zelboraf.