

Priority Health Medicare Prior Authorization Criteria (Part D)

Erivedge®

Products affected

- Erivedge®

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	Authorized for one year.
Other criteria	For diagnosis of locally advanced basal cell carcinoma (BCC), patient must not be a candidate for radiation and documentation of an appropriate surgical consultation indicating patient is not a candidate for surgery must be provided.