

## Priority Health Medicare Prior Authorization Criteria (Part D)

### Idhifa®

#### Products affected

- Idhifa®

#### Details

<b>Covered uses</b>	All medically accepted indications not otherwise excluded from Part D.
<b>Exclusion criteria</b>	N/A
<b>Required medical information</b>	Must have an Eastern Cooperative Oncology Group (ECOG) score between 0 and 2. Results of FDA approved companion test detecting an IDH2 (isocitrate dehydrogenase-2) mutation must be submitted.
<b>Age restrictions</b>	Must be age 18 or older.
<b>Prescriber restrictions</b>	N/A
<b>Coverage duration</b>	One year
<b>Other criteria</b>	N/A