

Priority Health Medicare Prior Authorization Criteria (Part D)

Inlyta®

Products affected

- Inlyta®

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 renal cell carcinoma, patient must have a trial with one of Sutent, Nexavar or Votrient.