

Priority Health Medicare Prior Authorization Criteria (Part D)

Kisqali® Femara®

Products affected

- Kisqali® Femara® 200 Dose
- Kisqali® Femara® 400 Dose
- Kisqali® Femara® 600 Dose

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	For advanced or metastatic breast cancer, patient must be HR-positive, HER2-negative.
Age restrictions	N/A
Prescriber restrictions	N/A
Coverage duration	One year
Other criteria	N/A