

Priority Health Medicare Prior Authorization Criteria (Part D)

Kyprolis®

Products affected

- Kyprolis®

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	One year
Other criteria	Must be used as a single agent or in combination with dexamethasone or lenalidomide plus dexamethasone. Must have previously received one to three lines of therapy.