

Priority Health Medicare Prior Authorization Criteria (Part D)

Lenvima®

Products affected

- Lenvima® 10mg Daily Dose
- Lenvima® 14mg Daily Dose
- Lenvima® 18mg Daily Dose
- Lenvima® 20mg Daily Dose
- Lenvima® 24mg Daily Dose
- Lenvima® 8mg Daily Dose

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	N/A