

Priority Health Medicare Prior Authorization Criteria (Part D)

Nerlynx®

Products affected

- Nerlynx®

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	Must have an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1.
Age restrictions	Must be age 18 or older.
Prescriber restrictions	N/A
Coverage duration	12 months total therapy
Other criteria	Must be used as extended adjuvant treatment following treatment with adjuvant Herceptin (trastuzumab)-based therapy within the past 24 months.