

Priority Health Medicare Prior Authorization Criteria (Part D)

Odomzo®

Products affected

- Odomzo®

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	Carcinoma must have recurred following surgery or radiation therapy or in patients who are not candidates for surgery or radiation therapy.