

Priority Health Medicare Prior Authorization Criteria (Part D)

Rydapt®

Products affected

- Rydapt®

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	For diagnosis of acute myeloid leukemia (AML), patient must have FLT3 mutation-positive disease as detected by an FDA-approved test.
Age restrictions	Must be age 18 or older.
Prescriber restrictions	N/A
Coverage duration	One year. For AML, limited to six cycles.
Other criteria	For diagnosis of AML, patient must be using Rydapt in combination with standard cytarabine and daunorubicin induction and cytarabine consolidation chemotherapy.