

Priority Health Medicare Prior Authorization Criteria (Part D)

Sancuso®

Products affected

- Sancuso®

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	N/A
Age restrictions	Must be 18 years of age or older.
Prescriber restrictions	N/A
Coverage duration	One Year
Other criteria	Must have documented trial and failure with oral or IV antiemetic therapy (ondansetron or granisetron, 2 days of therapy).