

Priority Health Medicare Prior Authorization Criteria (Part D)

Tagrisso®

Products affected

- Tagrisso®

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	Patient must have laboratory confirmation of epidermal growth factor receptor T790M mutation, as detected by an FDA approved test.
Age restrictions	N/A
Prescriber restrictions	N/A
Coverage duration	One year
Other criteria	For EGFR T790M mutation positive non-small cell lung cancer, must have had disease progression on or after EGFR TKI therapy.