

## Priority Health Medicare Prior Authorization Criteria (Part D)

# Tasigna®

## Products affected

- Tasigna®

## Details

<b>Covered uses</b>	All medically accepted indications not otherwise excluded from Part D.
<b>Exclusion criteria</b>	N/A
<b>Required medical information</b>	N/A
<b>Age restrictions</b>	N/A
<b>Prescriber restrictions</b>	N/A
<b>Coverage duration</b>	Authorized for one year.
<b>Other criteria</b>	BCR-ALB1 Gene Arrangement, Quantitative PCR must be completed at baseline, then every 3 months to assess response to therapy until complete cytogenic response, then every 3 months for 3 years, then every 3-6 months thereafter. If loss of response to Tasigna occurs, BCR-ABL kinase domain mutation analysis must be done before changing therapy.