

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

### Torisel®

#### Products affected

- Torisel®

#### 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>	12 months
<b>Other criteria</b>	For diagnosis of advanced renal cell carcinoma, the medical record must document three or more of the following: treatment to start within one year of the diagnosis, Karnofsky performance status of 60 or 70, corrected calcium of greater than 10mg/dl, lactate dehydrogenase greater than 1.5 times the upper limit of normal, more than one metastatic organ site, hemoglobin less than the lower limit of normal