

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

### Xalkori®

#### Products affected

- Xalkori®

#### 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>	Patient must have an Eastern Cooperative Oncology Group (ECOG) performance score between 0 and 3.
<b>Age restrictions</b>	Must be 18 years of age or older.
<b>Prescriber restrictions</b>	N/A
<b>Coverage duration</b>	Authorized for one year.
<b>Other criteria</b>	N/A