

Priority Health Medicare Prior Authorization Criteria (Part D)

Xtandi®

Products affected

- Xtandi®

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	Eastern Cooperative Oncology Group (ECOG) performance status of 0-2. Two sequential rising PSA levels obtained 2 to 3 weeks apart or other evidence of disease progression. Serum testosterone must be less than 50ng/dL.
Age restrictions	N/A
Prescriber restrictions	N/A
Coverage duration	Authorized for one year.
Other criteria	N/A