

# Priority Health Medicare Prior Authorization Criteria (Part D)

## Yonsa®

### Products affected

- Yonsa®

### Details

<b>Covered uses</b>	All medically accepted indications not otherwise excluded from Part D.
<b>Exclusion criteria</b>	Patient must not have a history of adrenal or pituitary gland disorders.
<b>Required medical information</b>	Patient must have serum prostate-specific antigen (PSA) greater than or equal to 5 mg/mL. Patient must have two sequential rising PSA levels obtained 2 to 3 weeks apart or other evidence of disease progression. Patient must have Eastern Cooperative Oncology Group (ECOG) performance standard of 0 to 2.
<b>Age restrictions</b>	N/A
<b>Prescriber restrictions</b>	N/A
<b>Coverage duration</b>	Authorized for 8 months
<b>Other criteria</b>	Patient must not have Eastern Cooperative Oncology Group (ECOG) performance status greater than or equal to 3. Patient must not have severe hepatic impairment. Patient must not have NYHA Class III or IV heart failure.