

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

### Zelboraf®

#### Products affected

- Zelboraf®

#### 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 status of 0 or 1. Baseline ECG, electrolytes (including potassium, magnesium, and calcium), liver enzymes (transaminase and alkaline phosphatase), and bilirubin baseline values must be within clinically acceptable limits and will continue to be monitored throughout treatment.
<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