

Priority Health Medicare Prior Authorization Criteria (Part D)

Zydelig®

Products affected

- Zydelig®

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	N/A
Age restrictions	N/A
Prescriber restrictions	N/A
Coverage duration	One year
Other criteria	For chronic lymphocytic leukemia (CLL), must be used in combination with Rituximab. For relapsed Follicular lymphoma (FL) and relapsed Small lymphocytic lymphoma (SLL), must have had 2 previous treatments such as Rituxan, bendamustine, chlorambucil, fludarabine, or cyclophosphamide.