



**Medicare Part D – 2016**

**Prior Authorization Group Description**

CERDELGA

**Covered Uses:**

All FDA-approved indications not otherwise excluded from Part D.

**Exclusion Criteria:**

Extensive metabolizer (EM) or intermediate metabolizer (IM) taking a strong or moderate CYP2D6 inhibitor concomitantly with a strong or moderate CYP3A inhibitor AND IMs or poor metabolizer (PM) taking a strong CYP3A inhibitor

**Required Medical Information:**

An FDA-cleared genotyping test has determined that this patient is a CYP2D6 extensive metabolizer (EM), intermediate metabolizer (IM), or poor metabolizer (PM)

**Age Restrictions:**

**Prescriber Restrictions:**

**Coverage Duration:**

Length of benefit

**Other Criteria:**