



Medicare Part D – 2016

Prior Authorization Group Description

INLYTA

Covered Uses:

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

Exclusion Criteria:

Required Medical Information:

Age Restrictions:

Prescriber Restrictions:

Coverage Duration:

Length of Benefit.

Other Criteria:

Failure or clinically significant adverse effects to one of the following: sunitinib, temsirolimus, bevacizumab, pazopanib, interleukin 2, everolimus or sorafenib.