

**Medicare Part D – 2016****Prior Authorization Group Description:**

VENCLEXTA

**Covered Uses:**

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

**Exclusion Criteria:****Required Medical Information:**

Confirmation of chronic lymphocytic leukemia with 17p deletion as detected by an FDA approved test.

**Age Restrictions:****Prescriber Restrictions:****Coverage Duration:**

Length of Benefit.

**Other Criteria:**

Failure of clinically significant adverse effects to one previous therapy.