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– ZYDELIG 100MG TAB (New Starts Only)

– ZYDELIG 150MG TAB (New Starts Only)

<b>PA Criteria</b>	<b>Criteria Details</b>
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Info	
Age Restrictions	
Prescriber Restriction	
Coverage Duration	Approved for duration of 1 year.
Other Criteria	

Pending CMS Approval

## Products Affected

– ZYKADIA 150MG TAB (New Starts Only)

<b>PA Criteria</b>	<b>Criteria Details</b>
Covered Uses	All FDA-approved indications not otherwise excluded from Part D.
Exclusion Criteria	
Required Medical Info	
Age Restrictions	
Prescriber Restriction	
Coverage Duration	Approved for duration of 1 year.
Other Criteria	

Pending CMS Approval