

Market Applicability/Effective Date															
Market	FL & FHK	FL MMA	FL LTC	GA	IND	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	NA	NA	X	X	NA	X	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

Medication	Comments
Nilandron (nilutamide) 150mg tablet	1 tablet per day*

VERRIDE(S)

Prior Authorization of Benefits

APPROVAL DURATION

1 Year

APPROVAL CRITERIA

* For initiation of therapy, may allow up to one (1) additional tablet per day during the first 30 days of treatment.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.