

Priority Health Medicare Prior Authorization Criteria (Part D)

Digox®

Products affected

- Digox® TABS 250 MCG

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	N/A
Age restrictions	For members age 65 and older, digox 250mcg will be covered for a diagnosis of atrial fibrillation. For members age 65 and older with a diagnosis of heart failure, the provider must attest to consideration of the benefit-risk ratio for doses exceeding 0.125mg per day. For members under age 65, digox 250mcg will be covered for both atrial fibrillation and heart failure.
Prescriber restrictions	N/A
Coverage duration	One year.
Other criteria	