

Priority Health Medicare Prior Authorization Criteria (Part D)

Haegarda®

Products affected

- Haegarda®

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	Requires submission of C4, C1-INH protein, and C1-INH function lab results confirming diagnosis
Age restrictions	N/A
Prescriber restrictions	N/A
Coverage duration	One year
Other criteria	N/A