

Priority Health Medicare Prior Authorization Criteria (Part D)

Actimmune®

Products affected

- Actimmune®

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	Patient's body surface area (BSA)
Age restrictions	N/A
Prescriber restrictions	N/A
Coverage duration	One year
Other criteria	N/A