

Priority Health Medicare Prior Authorization Criteria (Part D)

Auryxia®

Products affected

- Auryxia®

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	N/A
Age restrictions	N/A
Prescriber restrictions	N/A
Coverage duration	One year
Other criteria	Patient must first try and fail calcium acetate.