

Priority Health Medicare Prior Authorization Criteria (Part D)

Austedo™

Products affected

- Austedo™

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	Must not be used in combination with tetrabenazine, a monoamine oxidase inhibitor (MAOI), or reserpine.
Required medical information	N/A
Age restrictions	N/A
Prescriber restrictions	N/A
Coverage duration	One year
Other criteria	N/A