

Priority Health Medicare Prior Authorization Criteria (Part D)

Berinert®

Products affected

- Berinert®

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	Documentation of C4, C1-INH protein, and C1-INH function lab results. Patient's weight.
Age restrictions	N/A
Prescriber restrictions	N/A
Coverage duration	One year
Other criteria	Age 18 and older, patient must first try Firazyr.