

Priority Health Medicare Prior Authorization Criteria (Part D)

Cuprimine®

Products affected

- Cuprimine® CAPS 250MG

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	N/A