

Priority Health Medicare Prior Authorization Criteria (Part D)

Digoxin

Products affected

- Digoxin TABS 250MCG
- Digoxin ORAL SOLN
- Digoxin INJ 0.25MG/ML

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	N/A
Age restrictions	For members age 65 and older, digoxin 0.25mg will be covered for a diagnosis of atrial fibrillation. For members age 65 and older with a diagnosis of heart failure, the provider must attest to consideration of the benefit-risk ratio for doses exceeding 0.125mg per day. For members under age 65, digoxin 0.25mg will be covered for both atrial fibrillation and heart failure.
Prescriber restrictions	N/A
Coverage duration	One year.
Other criteria	Use in heart failure for ages 65 and older, without a co-morbid diagnosis of atrial fibrillation, will not be authorized due to the American Geriatric Society's classification of "high risk" in the elderly for this diagnosis.