

Priority Health Medicare Prior Authorization Criteria (Part D)

Hetlioz®

Products affected

- Hetlioz®

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	Must be prescribed by a sleep specialist or a neurologist.
Coverage duration	6 months
Other criteria	N/A