

Priority Health Medicare Prior Authorization Criteria (Part D)

Ingrezza™

Products affected

- Ingrezza™

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	N/A
Age restrictions	Must be age 18 or older.
Prescriber restrictions	N/A
Coverage duration	One year
Other criteria	N/A