

## Priority Health Medicare Prior Authorization Criteria (Part D)

### NebuPent®

#### Products affected

- NebuPent®

#### Details

<b>Covered uses</b>	All medically accepted indications not otherwise excluded from Part D.
<b>Exclusion criteria</b>	N/A
<b>Required medical information</b>	CD4+ lymphocyte count. For patients 30 days to 1 year of age, was the patient born to a mother known to be HIV-infected? Is HIV seropositive or infected? For patients 2 years of age and older, has the patient experienced at least one episode of PCP?
<b>Age restrictions</b>	N/A
<b>Prescriber restrictions</b>	N/A
<b>Coverage duration</b>	One year
<b>Other criteria</b>	Must have therapeutic trial of Co-trimoxazole (trimethoprim/sulfamethoxazole).