

Priority Health Medicare Prior Authorization Criteria (Part D)

Neupogen®

Products affected

- Neupogen®

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 |