

Priority Health Medicare Prior Authorization Criteria (Part D)

Promacta®

Products affected

- Promacta®

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	Current platelet count.
Age restrictions	N/A
Prescriber restrictions	N/A
Coverage duration	Three months
Other criteria	For chronic ITP, must first try IVIG or immunoglobulin. For thrombocytopenia from hepatitis C infection, must also use interferon-based therapy. For aplastic anemia, must first try cyclosporine or cyclosporine modified.