

Priority Health Medicare Prior Authorization Criteria (Part D)

Promethazine

Products affected

- Promethazine Hcl ORAL TABS

Details

Covered uses	All FDA-approved 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	For nausea and vomiting, patient must first try prochlorperazine. For allergic condition, patient must first try desloratadine or levocetirizine. For motion sickness, patient must first try meclizine or Transderm Scop.