

Priority Health Medicare Prior Authorization Criteria (Part D)

Rayaldee®

Products affected

- Rayaldee®

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	Serum total 25-hydroxyvitamin D level must be less than 30 ng/mL (must be submitted to Priority Health).
Age restrictions	N/A
Prescriber restrictions	N/A
Coverage duration	One year
Other criteria	Must have chronic kidney disease (CKD) stage 3 or 4.