

Priority Health Medicare Prior Authorization Criteria (Part D)

Revlimid®

Products affected

- Revlimid®

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	Authorized for one year.
Other criteria	N/A