

Priority Health Medicare Prior Authorization Criteria (Part D)

Ruconest®

Products affected

- Ruconest®

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	N/A
Age restrictions	Must be age 13 or older.
Prescriber restrictions	N/A
Coverage duration	One fill of four vials for each acute attack. Reauthorization required every six months.
Other criteria	N/A