

Priority Health Medicare Prior Authorization Criteria (Part D)

Serostim®

Products affected

- Serostim® INJ 4MG, 5MG, 6MG

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	One year
Other criteria	N/A