

Prior Authorization Protocol

Medicare Part D – 2017

Prior Authorization Group Description:

VALCHLOR

Covered Uses:

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria:

Required Medical Information:

Age Restrictions:

Prescriber Restrictions:

Coverage Duration:

Length of Benefit.

Other Criteria:

Failure or clinically significant adverse effects to one of the following skin-directed therapies: topical corticosteroids (e.g., clobetasol, triamcinolone), Targretin gel, Tazorac, imiquimod, or topical mechlorethamine.
FOR CONTINUATION OF THERAPY: Maintained on therapy with positive response.