

Medicare Part D – 2016**Prior Authorization Group Description:**

ARANESP

Covered Uses:

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

Exclusion Criteria:**Required Medical Information:****Age Restrictions:****Prescriber Restrictions:****Coverage Duration:**

Length of benefit.

Other Criteria:

Failure or clinically significant adverse effects to Procrit.