

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

COMBIPATCH

Covered Uses:

All medically accepted indications not otherwise excluded from Part D.

Exclusion Criteria:**Required Medical Information:****Age Restrictions:**

Prior authorization is required for patients 65 years and older. Prior authorization is not required for patients 64 years and younger.

Prescriber Restrictions:**Coverage Duration:**

Length of Benefit.

Other Criteria:

Atrophic Vaginitis and Kraurosis Vulvae: Failure or clinically significant adverse effects to Vagifem, Femring, Estrace or Premarin vaginal cream. All other FDA approved indications: Patient is continuing on this medication without adverse effects.