



Medicare Part D – 2016

Prior Authorization Group Description

DIGOXIN 0.1875 MG

Covered Uses:

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

Exclusion Criteria:

Required Medical Information:

Prior authorization is required for doses exceeding 0.125 mg per day. Prior authorization is not required for doses of 0.125 mg per day and lower AND Patients with a diagnosis of heart failure: Serum digoxin level less than 1.0 ng/ml within the last 12 months OR For the control of ventricular response rate in patients with chronic atrial fibrillation and serum digoxin level less than 2.0 ng/ml within the last 12 months. MAINTENANCE REQUESTS: Heart failure or atrial fibrillation: Patient is continuing on this medication without adverse effects.

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: