

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

FERRIPROX

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 deferoxamine, Exjade, or Jadenu.