



Medicare Part D – 2016

Prior Authorization Group Description

HYDROXYZINE PAMOATE

Covered Uses:

All FDA-approved 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:

Pruritus: Failure or clinically significant adverse effects to one of the following topical agents: betamethasone, hydrocortisone, triamcinolone, fluticasone, clobetasol, fluocinonide or fluocinolone.
Anxiety: Failure or clinically significant adverse effects to one of the following: paroxetine, venlafaxine, buspirone, duloxetine or escitalopram. All other FDA approved indications: Patient is continuing on this medication without adverse effects.