



Medicare Part D – 2016

Prior Authorization Group Description

KADIAN

Covered Uses:

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

Exclusion Criteria:

Required Medical Information:

Medical justification as to why patient cannot take an equivalent daily dose of a generically available strength of Kadian.

Age Restrictions:

Prescriber Restrictions:

Coverage Duration:

Length of Benefit.

Other Criteria: