



Medicare Part D – 2016

Prior Authorization Group Description

MIRVASO

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:

Diagnosis of persistent facial erythema of rosacea with papules and pustules of rosacea: Failure or clinically significant adverse effects to topical metronidazole or Finacea.