Medicare Part D – 2016

Prior Authorization Group Description

PREMPHASE

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:

Atrophic Vaginitis and Kraurosis Vulvae: Failure or clinically significant adverse effects to Vagifem, Femring, Estrace or Premarin vaginal cream. All other FDA approved indications: Patient is continuing on this medication without adverse effects.