



Medicare Part D – 2016

Prior Authorization Group Description

VALCHLOR

Covered Uses:

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

Exclusion Criteria:

Required Medical Information:

MAINTENANCE REQUESTS: Approve as requested.

Age Restrictions:

Prescriber Restrictions:

Coverage Duration:

Length of benefit

Other Criteria:

Failure or clinically significant adverse effects to one of the following skin-directed therapy: topical corticosteroids, topical retinoids (Targretin gel, Tazorac) or Aldara