

# ACCRUFER

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## MEDICATION(S)

ACCRUFER

## COVERED USES

N/A

## EXCLUSION CRITERIA

N/A

## REQUIRED MEDICAL INFORMATION

N/A

## AGE RESTRICTION

N/A

## PRESCRIBER RESTRICTION

N/A

## COVERAGE DURATION

N/A

## OTHER CRITERIA

N/A

## **ACUTE MIGRAINE AGENTS**

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### **MEDICATION(S)**

BREKIYA, DIHYDROERGOTAMINE 4 MG/ML SPRY, ELYXYB, MIGRANAL, REYVOW, TRUDHESA

### **COVERED USES**

N/A

### **EXCLUSION CRITERIA**

N/A

### **REQUIRED MEDICAL INFORMATION**

N/A

### **AGE RESTRICTION**

N/A

### **PRESCRIBER RESTRICTION**

N/A

### **COVERAGE DURATION**

N/A

### **OTHER CRITERIA**

N/A

# AFREZZA

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## MEDICATION(S)

AFREZZA

## COVERED USES

N/A

## EXCLUSION CRITERIA

N/A

## REQUIRED MEDICAL INFORMATION

N/A

## AGE RESTRICTION

N/A

## PRESCRIBER RESTRICTION

N/A

## COVERAGE DURATION

N/A

## OTHER CRITERIA

N/A

# ARIKAYCE

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## MEDICATION(S)

ARIKAYCE

## COVERED USES

N/A

## EXCLUSION CRITERIA

N/A

## REQUIRED MEDICAL INFORMATION

N/A

## AGE RESTRICTION

N/A

## PRESCRIBER RESTRICTION

N/A

## COVERAGE DURATION

N/A

## OTHER CRITERIA

N/A

## **ATTR AMYLOIDOSIS**

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### **MEDICATION(S)**

ATTRUBY, TEGSEDI, VYNDAMAX, VYNDAQEL, WAINUA 45 MG/0.8 ML AUTOINJECT

### **COVERED USES**

N/A

### **EXCLUSION CRITERIA**

N/A

### **REQUIRED MEDICAL INFORMATION**

N/A

### **AGE RESTRICTION**

N/A

### **PRESCRIBER RESTRICTION**

N/A

### **COVERAGE DURATION**

N/A

### **OTHER CRITERIA**

N/A

# CHOLESTASIS PRURITUS

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## MEDICATION(S)

BYLVAY, LIVMARLI

## COVERED USES

N/A

## EXCLUSION CRITERIA

N/A

## REQUIRED MEDICAL INFORMATION

N/A

## AGE RESTRICTION

N/A

## PRESCRIBER RESTRICTION

N/A

## COVERAGE DURATION

N/A

## OTHER CRITERIA

N/A