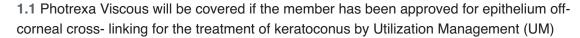


## **Pharmacy Drug Policy Checklist**

POLICY NAME Photrexa Viscous (riboflavin 5'-phosphate) POLICY # 2736P

## Criteria

## **Coverage Criteria**



 Requests received without a UM request on file will be cancelled and review will not be conducted until UM has completed their coverage determination