

Priority Health Medicare Prior Authorization Criteria (Part D)

Actemra®

Products affected

- Actemra® INJ 200MG/10ML, 400MG/20ML, 80MG/4ML

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	Patient must not be receiving Actemra in combination with another biologic drug
Required medical information	Patient must have a negative TB test within the past 12 months
Age restrictions	N/A
Prescriber restrictions	N/A
Coverage duration	One year
Other criteria	For diagnosis of Rheumatoid Arthritis, patient must have tried and failed Humira or Enbrel.