

Priority Health Medicare Prior Authorization Criteria (Part D)

Actemra® Syringe

Products affected

- Actemra® INJ 162MG/0.9ML

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	Initial approval for 16 weeks, continuation approval for 12 months
Other criteria	For diagnosis of Rheumatoid Arthritis, patient must have tried and failed Humira or Enbrel.