

Priority Health Medicare Prior Authorization Criteria (Part D)

Orencia®

Products affected

- Orencia® INJ 125MG/ML, 50MG/0.4ML, 87.5MG/0.7ML

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	Patient must have a negative TB test (must be done yearly).
Age restrictions	Must be age 6 years or older for intravenous formulation and age 2 years or older for subcutaneous formulation.
Prescriber restrictions	N/A
Coverage duration	12 months
Other criteria	Must first try Humira or Enbrel.