

Priority Health Medicare Prior Authorization Criteria (Part D)

Remicade®

Products affected

- Remicade®

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	Must have a negative TB test (must be done yearly).
Age restrictions	N/A
Prescriber restrictions	N/A
Coverage duration	One year
Other criteria	For diagnosis of Ulcerative Colitis: must have a therapeutic trial of at least one of the following: aminosalicylates or steroids. For diagnosis of rheumatoid arthritis, patient must have a documented therapeutic trial of at least one DMARD and either Enbrel or Humira. For diagnosis of Crohn's Disease, patient must have a documented therapeutic trial and clinical failure with Humira. For diagnosis of psoriatic arthritis, ankylosing spondylitis, or plaque psoriasis: must have trial and failure with either Enbrel or Humira.