

## Priority Health Medicare Prior Authorization Criteria (Part D)

### Renflexis™

#### Products affected

- Renflexis™

#### Details

<b>Covered uses</b>	All medically accepted indications not otherwise excluded from Part D.
<b>Exclusion criteria</b>	N/A
<b>Required medical information</b>	Must have a negative TB test (must be done yearly).
<b>Age restrictions</b>	N/A
<b>Prescriber restrictions</b>	N/A
<b>Coverage duration</b>	1 year
<b>Other criteria</b>	For dx of Ulcerative Colitis: must have a therapeutic trial of at least one of the following: aminosalicylates or steroids. For dx of rheumatoid arthritis, patient must have a documented therapeutic trial of at least one DMARD and either Enbrel or Humira. For dx of Crohn's Disease, patient must have a documented therapeutic trial and clinical failure with Humira. For dx of psoriatic arthrrthritis, ankylosing spondylitis, or plaque psoriasis: must have trial and failure with either Enbrel or Humira.