

Priority Health Medicare Prior Authorization Criteria (Part D)

Simponi Aria®

Products affected

- Simponi Aria®

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	Negative TB test (must be done yearly).
Age restrictions	N/A
Prescriber restrictions	N/A
Coverage duration	One year.
Other criteria	Must first try Enbrel or Humira.