

Priority Health Medicare Prior Authorization Criteria (Part D)

Simponi®

Products affected

- Simponi®

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). For diagnosis of Ankylosing Spondylitis, must have presence of active disease for at least 4 weeks, BASDAI score of at least 4.
Age restrictions	N/A
Prescriber restrictions	N/A
Coverage duration	One year.
Other criteria	For diagnoses of RA, Psoriatic Arthritis, Ankylosing Spondylitis must have a therapeutic trial and clinical failure with Enbrel or Humira.