

Priority Health Medicare Prior Authorization Criteria (Part D)

Tremfya®

Products affected

- Tremfya®

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	Must submit a negative TB test result from within the previous 12 months.
Age restrictions	Must be age 18 or older.
Prescriber restrictions	N/A
Coverage duration	Up to 100mg (1 syringe) at weeks 0 and 4, 100mg (1 syringe) every 8 weeks for maintenance
Other criteria	For diagnosis of plaque psoriasis, 5% or more of the patient's body surface are must be affected (unless hands, feet, head, neck, or genitalie are affected), patient must first try one non-biologic systemic drug, and Enbrel or Humira.