

**Medicare Part D – 2016****Prior Authorization Group Description:**

ACTEMRA SC

**Covered Uses:**

All FDA-approved indications not otherwise excluded from Part D.

**Exclusion Criteria:****Required Medical Information:**

MAINTENANCE REQUESTS: Maintained on therapy with positive response.

**Age Restrictions:****Prescriber Restrictions:****Coverage Duration:**

Length of Benefit.

**Other Criteria:**

RHEUMATOID ARTHRITIS: Failure or clinically significant adverse effects to one of the following: methotrexate, sulfasalazine, hydroxychloroquine, d-penicillamine, azathioprine or auranofin.