

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

CIMZIA

Covered Uses:

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

Exclusion Criteria:**Required Medical Information:**

MAINTENANCE REQUESTS: Continuation requests for covered uses will be approved.

Age Restrictions:**Prescriber Restrictions:**

CROHN'S DISEASE: GI Specialist. PSORIATIC ARTHRITIS: Rheumatologist or Dermatologist.

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.