

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

COSENTYX

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:**

Rheumatologist or Dermatologist.

Coverage Duration:

Length of Benefit.

Other Criteria:

Failure or clinically significant adverse effects to ONE of the following: methotrexate, cyclosporine, or acitretin.