



Medicare Part D – 2016

Prior Authorization Group Description

ENTYVIO

Covered Uses:

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

Exclusion Criteria:

Required Medical Information:

MAINTENANCE REQUESTS: Documentation of partial or complete response.

Age Restrictions:

Prescriber Restrictions:

Gastroenterologist

Coverage Duration:

Length of Benefit.

Other Criteria:

Failure or clinically significant adverse effects to Humira or Remicade.