



**Medicare Part D – 2016**

**Prior Authorization Group Description**

LEMTRADA

**Covered Uses:**

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

**Exclusion Criteria:**

**Required Medical Information:**

**Age Restrictions:**

**Prescriber Restrictions:**

Neurologist

**Coverage Duration:**

Length of benefit

**Other Criteria:**

Failure or clinically significant adverse effects to two of the following: Aubagio, Tecfidera, Gilenya, Avonex, Betaseron, Plegridy, Copaxone or Rebif