

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

ORENCIA IV

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 AND failure or clinically significant adverse effects to Remicade (infliximab) or a contraindication to Remicade.