



Medicare Part D – 2016

Prior Authorization Group Description

OTEZLA

Covered Uses:

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

Exclusion Criteria:

Required Medical Information:

MAINTENANCE REQUESTS: PSORIATIC ARTHRITIS: Documentation of partial or complete response.
PLAQUE PSORIASIS: Documentation of reduced disease activity.

Age Restrictions:

Prescriber Restrictions:

PSORIATIC ARTHRITIS, PLAQUE PSORIASIS: Rheumatologist or Dermatologist.

Coverage Duration:

Length of Benefit.

Other Criteria:

PSORIATIC ARTHRITIS: Failure or clinically significant adverse effects to methotrexate unless contraindicated. PLAQUE PSORIASIS: Failure or clinically significant adverse effects to ONE of the following: methotrexate, cyclosporine or acitretin.