

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

REMICADE

Covered Uses:

All FDA-approved indications not otherwise excluded from Part D. Uveitis. Wegener's Granulomatosis.

Exclusion Criteria:**Required Medical Information:**

MAINTENANCE REQUESTS: RHEUMATOID ARTHRITIS and CROHN'S DISEASE: Maintained on therapy with positive response.

Age Restrictions:**Prescriber Restrictions:**

Psoriatic Arthritis/Plaque Psoriasis: Rheumatologist or Dermatologist. CD/UC: GI specialist.

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