



Medicare Part D – 2016

Prior Authorization Group Description

TYSABRI

Covered Uses:

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

Exclusion Criteria:

Patients who have or have had progressive multifocal leukoencephalopathy.

Required Medical Information:

CROHN'S DISEASE MAINTENANCE REQUESTS: Documentation of partial or complete response.

Age Restrictions:

Prescriber Restrictions:

MULTIPLE SCLEROSIS: Neurologist. CROHN'S DISEASE: GI specialist.

Coverage Duration:

Length of Benefit.

Other Criteria:

RELAPSING FORMS OF MULTIPLE SCLEROSIS: Failure or clinically significant adverse effects to one of the following: Aubagio, Tecfidera, Gilenya, Avonex, Betaseron, Plegridy, Copaxone or Rebif. CROHN'S DISEASE: Failure or clinically significant adverse effects to Humira or Remicade.