

# HealthAlliance**MEDICARE**

## **PURPOSE OF THE POLICY**

To provide prior authorization criteria for Orenzia®

## **STATEMENT OF THE POLICY**

Health Alliance will approve Orenzia® after appropriate Part B vs. Part D decisions have been made when the below criteria has been met:

## **PROCEDURES**

### **1. Inclusion Criteria**

- 1.1 TB screening
- 1.2 Prescribed by a rheumatologist
- 1.3 Approved for six months at a time

### **2. Exclusion Criteria:**

- 2.1 Patients with clinically important infections (e.g., cellulitis, pneumonia, abscesses, sepsis, bronchitis, gastroenteritis, aseptic meningitis, Legionnaire's Disease, osteomyelitis)
- 2.2 Patients who are receiving other immunosuppressive agents
- 2.3 Diagnosis of COPD