

HealthAlliance**MEDICARE**

PURPOSE OF THE POLICY

To provide prior authorization criteria for Remicade®

STATEMENT OF THE POLICY

Health Alliance will cover Remicade® for new starts only after Part B vs. Part D decisions have been made when the below criteria has been met:

PROCEDURES

1. Exclusion Criteria

- 1.1 Patients with clinically important infections, e.g. cellulitis, pneumonia, abscesses, sepsis, bronchitis, gastroenteritis, aseptic meningitis, Legionnaire's Disease, osteomyelitis
- 1.2 Patients receiving other immunosuppressant agents
- 1.3 Diagnosis of congestive heart failure
- 1.4 Diagnosis of COPD
- 1.5 Patients allergic to murine proteins
- 1.6 Patients allergic to humanized monoclonal antibodies
- 1.7 Or patients who had inadequate response to initial or previous infliximab therapy

2. Authorized Prescribers

- 2.1 Rheumatologist
- 2.2 Gastroenterologist
- 2.3 Dermatologist

3. Criteria for Remicade® coverage in Rheumatoid Arthritis

- 3.1 TB Screening
- 3.2 Authorization for one year at a time

4. Criteria for Remicade® coverage in Ulcerative Colitis or Crohn's Disease

- 4.1 Authorization for six months at a time