

Immunosuppressants
Prior Authorization Criteria

Prescriber must complete PA request form.

Criteria for approval

- Kidney, liver, or heart allogenic transplant; rheumatoid arthritis; psoriasis; nephrotic syndrome; or Stevens-Johnson syndrome
- Prescriber is experienced in managing post-transplant patients on immunosuppressant therapy
- Blood levels will be monitored regularly

Prescriber should identify pharmacy provider.

Medicare should be billed if beneficiary is dual-eligible.

Approval may be granted for up to 12 months.