


IBD Prior Authorization Guidelines

In general, the following criteria need to be met to obtain prior authorization approval for immunological disease state:

- Patients previous trial and failure with step therapy requirements of the following:
 - IBD: 5-ASA (Pentasa®); Steroids (Prednisone); Immunosuppressant (Cyclosporine)
- Patient is contraindicated or intolerant to any of the step therapy requirements. This must be provided through supporting documentation in the chart notes or laboratory tests. (e.g. Methotrexate is contraindicated in patients with active liver disease or female patients who are pregnant)
- Patients chart notes or medical history that outlines signs and symptoms of the disease
 - Changes in bowel movement for IBD patients
- TB test results required for any Biologic that is being prescribed. The TB test results must be negative.
- Patient must not have an active infection, or actively being treated for an infection when a Biologic is prescribed.
- In the event an oral medication is prescribed, such as Xifaxan®, documentation must be provided that the patient has a trial and failure with a self-injectable or a contraindication to a self-injectable medication.
- If a patient has more than one diagnosis, the primary ICD10 code will need to indicated. All other ICD10 codes will be provided as supportive documentation to insurance (e.g. A patient can be diagnosed with Crohn's and Short Bowel Syndrome at any given time)



416 Mill Street, Bristol, PA 19007

To opt-out of marketing communications: Call the toll-free phone number listed above.