

AvMed

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff; **fax to 1-305-671-0200.** No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If the information provided is not complete, correct, or legible, the authorization process can be delayed.**

Drug Requested: Actemra® (tocilizumab) SubQ
Giant Cell Arteritis (GCA) (self-administered)

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member AvMed #: _____ Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Office Contact Name: _____

Phone Number: _____ Fax Number: _____

DEA OR NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Form/Strength: _____

Dosing Schedule: _____ Length of Therapy: _____

Diagnosis: _____ ICD Code, if applicable: _____

Weight: _____ Date: _____

Recommended Dose for Actemra® for adult members with GCA - 162 mg given once every week as a subcutaneous injection, in combination with a tapering course of glucocorticoids

CLINICAL CRITERIA: Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes dated **within 60 days**, must be provided or request may be denied.

• **Must be prescribed by or in consultation with** (check box below that applies):

<input type="checkbox"/> Neurologist	<input type="checkbox"/> Rheumatologist	<input type="checkbox"/> Ophthalmologist
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Member has diagnosis of Giant Cell Arteritis (GCA)

AND

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- Member is at least 50 years of age

AND

- Member has ESR >30mm/hour **OR** CRP> 1 mg/dL currently on prednisone

AND

- Member had trial and failure of **ONE** of the following:
 - 40mg Prednisolone daily for 4 weeks
 - 80mg Prednisolone daily if eye symptoms for 4 weeks

OR

- Member has a contraindication to prednisolone and documentation that GI BLEED occurred within the last 30 days has been submitted (**medical chart notes must be attached**) **AND** member has **one** of the following (labs must be submitted):
 - ESR >50mm/hour not currently on prednisolone

OR

- CRP> 2.49 mg/dL not currently on prednisolone

AND

Medical chart notes documenting the following MUST be submitted:

- Unequivocal cranial symptoms of GCA new-onset - at least **TWO** of the following features must be present:
 - Localized headache, scalp tenderness, temporal artery tenderness, decrease pulsation, ischemia-related vision loss, or otherwise unexplained mouth or jaw pain upon mastication

AND

At least ONE of the following MUST be submitted for documentation:

- Temporal artery biopsy revealing features of GCA must be submitted documenting at least **TWO (2)** of the following:

<input type="checkbox"/> Granulomatous inflammation of the blood vessel wall	<input type="checkbox"/> Disruption and fragmentation of internal elastic lamina	<input type="checkbox"/> Giant cells
<input type="checkbox"/> Proliferation of the intima with associated occlusion of the lumen	<input type="checkbox"/> The healed stage reveals collagenous thickening of the vessel wall and the artery is transformed into a fibrous cord	

OR

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- Magnetic resonance angiography (MRA), Computed tomography angiography (CTA), or Positron emission tomography-computed tomography angiography (PET-CTA) must be submitted to document the following:
 - Evidence of large-vessel vasculitis by angiography or cross-sectional imaging study

Medication being provided by (check box below that applies):

- Physician's office **OR** Specialty Pharmacy - PropriumRx

Not all drugs may be covered under every Plan

If a drug is non-formulary on a Plan, documentation of medical necessity will be required.

Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.

Previous therapies will be verified through pharmacy paid claims or submitted chart notes.