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.**

SQ tocilizumab products - Giant Cell Arteritis (GCA)

Drug Requested: select one drug below **(Pharmacy)**

❑ **Actemra® SQ** (tocilizumab)	❑ **Tyenne® SQ** (tocilizumab-aazg)

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:** _____

NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Name/Form/Strength: _____

Dosing Schedule: _____ **Length of Therapy**: _____

Diagnosis: _____ **ICD Code, if applicable:** _____

Weight (if applicable): _____ **Date weight obtained:** _____

Recommended Dosage: 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.

- ❑ Prescribed by or in consultation with **ONE** of the following:
  - ❑ Neurologist
  - ❑ Ophthalmologist
  - ❑ Rheumatologist

(Continued on next page)

AND

- ❑ Member has diagnosis of Giant Cell Arteritis (GCA)

AND

- ❑ Member is at least 50 years of age

AND

- ❑ Member must meet **ONE** of the following:
  - ❑ Member has an ESR > 30 mm/hour
  - ❑ Member has a CRP > 1 mg/dL and is currently on prednisone

AND

- ❑ Member must meet **ONE** of the following:
  - ❑ Member had trial and failure of **ONE** of the following:
    - ❑ 40 mg prednisone daily for 4 weeks
    - ❑ 80 mg prednisone daily if eye symptoms for 4 weeks
  - ❑ 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 > 50 mm/hour and is not currently on prednisone
    - ❑ CRP > 2.49 mg/dL and is not currently on prednisone

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:

❑ Granulomatous inflammation of the blood vessel wall	❑ Disruption and fragmentation of internal elastic lamina	❑ Giant cells
❑ Proliferation of the intima with associated occlusion of the lumen	❑ The healed stage reveals collagenous thickening of the vessel wall, and the artery is transformed into a fibrous cord	

(Continued on next page)

OR

- ❑ Magnetic resonance angiography (MRA), Computed tomography angiography (CTA), or Positron emission tomography-computed tomography angiography (PET-CTA) must be submitted to document the following:

OR

- ❑ Evidence of large-vessel vasculitis by angiography or cross-sectional imaging study

Medication being provided by Specialty Pharmacy – Proprium Rx

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.*

***Approved by Pharmacy and Therapeutics Committee**: ~~7/20/2017;~~ **11/21/2024**
REVISED/UPDATED/REFORMATTED: ~~9/27/2017; 1/19/2018; 3/31/2018; 11/8/2019.~~ **12/11/2024**