s SENTARA COMMUNITY PLAN (MEDICAID)

MEDICAL 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 1-844-305-2331**. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If information provided is not complete, correct, or legible, authorization can be delayed**.

Drug Requested: Non-Preferred tocilizumab products for IV infusion only (Medical)

❑ **Actemra®** (tocilizumab) **(J3262)**	❑ **Avtozma®** (tocilizumab-anoh) **(Q5156)**
❑ **Tofidence™** (tocilizumab-bavi) **(Q5133)**	❑ **Tyenne®** (tocilizumab-aazg) **(Q5135)**

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

Member Name: _____

Member Sentara #: _____ **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:** _____

❑ Standard Review. In checking this box, the timeframe does not jeopardize the life or health of the member or the member's ability to regain maximum function and would not subject the member to severe pain.

Diagnosis & Drug	Recommended Dose
❑ **Rheumatoid Arthritis (RA) –** Actemra®, Avtozma®, Tyenne® & Tofidence™	• 4 to 8mg/kg every 28 days
❑ **Polyarticular Juvenile Idiopathic Arthritis (PJIA) –** Actemra®, Avtozma®, Tyenne® & Tofidence™	• Weight <30kg: 10mg/kg every 28 days • Weight ≥ 30kg: 8mg/kg every 28 days
❑ **Systemic Juvenile Idiopathic Arthritis (SJIA) –**Actemra®, Avtozma®, Tyenne® & Tofidence™	• Weight <30kg: 12mg/kg every 14 days • Weight ≥ 30kg:8mg/kg every 14 days

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Diagnosis & Drug	Recommended Dose
❑ **Giant Cell Arteritis (GCA) –** Actemra®, Avtozma®, Tyenne® & Tofidence™	• 6mg/kg every 28 days
❑ **Cytokine Release Syndrome –** Actemra®, Avtozma®, Tyenne® only	• 30 kg or more: 8mg/kg for one dose, up to 3 additional doses if no clinical improvement (max dose 800mg) • Less than 30kg: 12 mg/kg for one dose, up to 3 additional doses if no clinical improvement (max dose 800mg)

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, must be provided or request may be denied..

❑ Diagnosis: Rheumatoid Arthritis (RA)

- ❑ Member has moderate to severe rheumatoid arthritis
- ❑ Tried and failed methotrexate; **OR**
- ❑ Requested medication will be used in conjunction with methotrexate; **OR**
- ❑ Member has a contraindication to methotrexate (e.g., alcohol abuse, cirrhosis, chronic liver disease, or other contraindication)
- ❑ Member tried and failed another DMARD (other than methotrexate), such as azathioprine, d-penicillamine, cyclophosphamide, cyclosporine, gold salts, hydroxychloroquine, leflunomide, sulfasalazine, or tacrolimus
- ❑ Member has trial and failure of **TWO (2)** of the preferred biologics below:

❑ adalimumab-adbm (Boehringer Ingelheim) **OR** Hadlima® (adalimumab-bwwd)	❑ Enbrel®

❑ Diagnosis: Systemic Juvenile Idiopathic Arthritis (sJIA)

- ❑ Member is 2 years of age and older with active systemic juvenile idiopathic arthritis
- ❑ Tried and failed methotrexate; **OR**
- ❑ Requested medication will be used in conjunction with methotrexate; **OR**
- ❑ Member has a contraindication to methotrexate (e.g., alcohol abuse, cirrhosis, chronic liver disease, or other contraindication)
- ❑ Member tried and failed another DMARD (other than methotrexate), such as azathioprine, d-penicillamine, cyclophosphamide, cyclosporine, gold salts, hydroxychloroquine, leflunomide, sulfasalazine, or tacrolimus

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- ❑ Trial and failure of **BOTH** of the preferred biologics below:

❑ adalimumab-adbm (Boehringer Ingelheim) **OR** Hadlima® (adalimumab-bwwd)	❑ Enbrel®

❑ Diagnosis: Giant Cell Arteritis

- ❑ Member must be 18 years of age and older
- ❑ Member has a diagnosis of giant cell arteritis (GCA)

❑ Diagnosis: Polyarticular Juvenile Idiopathic Arthritis (PJIA)

- ❑ Member must be 2 years of age and older with active polyarticular juvenile idiopathic arthritis;
- ❑ Tried and failed methotrexate; **OR**
- ❑ Requested medication will be used in conjunction with methotrexate; **OR**
- ❑ Member has a contraindication to methotrexate (e.g., alcohol abuse, cirrhosis, chronic liver disease, or other contraindication)
- ❑ Member tried and failed another DMARD (other than methotrexate), such as azathioprine, d-penicillamine, cyclophosphamide, cyclosporine, gold salts, hydroxychloroquine, leflunomide, sulfasalazine, or tacrolimus
- ❑ Trial and failure of **BOTH** of the preferred biologics below:

❑ adalimumab-adbm (Boehringer Ingelheim) **OR** Hadlima® (adalimumab-bwwd)	❑ Enbrel®

❑ Diagnosis: Cytokine Release Syndrome

- ❑ **For Actemra®, Avtozma®, Tyenne® requests only:** Members is 2 years of age and older with chimeric antigen receptor (CAR) T cell-induced severe or life-threatening cytokine release syndrome

Medication being provided by: Please check applicable box below.

- ❑ **Location/site of drug administration:** _____

  NPI or DEA # of administering location: _____

  OR

- ❑ **Specialty Pharmacy – PropriumRx**

For urgent reviews: Practitioner should call Sentara Health Pre-Authorization Department if they believe a standard review would subject the member to adverse health consequences. Sentara Health's definition of urgent is a lack of treatment that could seriously jeopardize the life or health of the member or the member's ability to regain maximum function.

*****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.****

REVISED/UPDATED/REFORMATTED: ~~6/2/2011; 8/11/2011; 9/14/2011; 4/17/2012; 10/1/2012; 1/16/2014; 2/6/2014; 4/28/2014; 5/22/2014; 6/30/2014; 8/8/2014; 10/1/2014; 10/31/2014; 11/21/2014; 4/2/2015; 5/23/2015; 1/29/2016; 3/30/2016; 9/22/2016; 12/28/2016; 1/3/2017; 8/1/2017; 5/18/2018; 10/12/2018; 2/4/2019; 5/4/2019; 7/21/2019; 10/15/2019; 10/16/2020; 6/24/2021; 7/19/2021; 6/29/2022; 6/22/2023, 9/30/2024; 2/13/2024,3/25/2025; 10/17/2025; 11/21/2025;~~ **12/14/2025**