SENTARA HEALTH PLANS

PHARMACY/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 1-800-750-9692.** 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: Actemra® (tocilizumab) - **Giant Cell Arteritis (GCA) (self-administered) SubQ**

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:** _____

DEA OR NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Form/Strength/Quantity: _____

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)**:**

❑ **Neurologist**	❑ **Rheumatologist**	❑ **Ophthalmologist**

❑ Member has diagnosis of Giant Cell Arteritis (GCA)

AND

(Continued on next page)

- ❑ 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:

❑ 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	

OR

(Continued on next page)

- ❑ 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.****