

# OPTIMA HEALTH PLAN

## 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. Incomplete form will delay the authorization process.

**Drug Requested:** Actemra® (tocilizumab)-*Giant Cell Arteritis (GCA) (self-administered) (J-3590).*

**DRUG INFORMATION:** Complete below. Incomplete information will delay the authorization process.

Drug Form/Strength/Quantity: \_\_\_\_\_

Dosing Schedule: \_\_\_\_\_ Length of Therapy: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD Code, if applicable: \_\_\_\_\_

**CLINICAL CRITERIA:** Check applicable boxes below. Boxes **must** be checked to qualify. Test results in chart documentation **MUST** be attached with request. If incomplete, authorization will be delayed.

- Prescriber is a Rheumatologist
- Diagnosis of giant cell arteritis (GCA) in adult patients
  - Recommended Dose:** 162 mg given once every week as a subcutaneous injection, in combination with a tapering course of glucocorticoids.
  - Approval will be based on Week 52 and patient shows sustained remission as defined absence of symptoms of giant cell arteritis

**Medication being provided by (check applicable box below):**

- Physician's office
- OR**
- Specialty Pharmacy: \_\_\_\_\_  Briova SpecialtyRx

**\*\*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.\***

Patient Name: \_\_\_\_\_

Member Optima #: \_\_\_\_\_ Member Date of Birth: \_\_\_\_\_

Prescriber Name: \_\_\_\_\_

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

DEA OR NPI #: \_\_\_\_\_

\*Approved by Pharmacy and Therapeutics Committee: 7/20/2017  
REVISED/UPDATED: 9/27/2017