



OptumRx has partnered with CoverMyMeds to receive prior authorization requests, saving you time and often delivering real-time determinations.

Visit [go.covermymeds.com/OptumRx](http://go.covermymeds.com/OptumRx) to begin using this free service.

Please note: All information below is required to process this request.

Mon-Fri: 5am to 10pm Pacific / Sat: 6am to 3pm Pacific

## Actemra® Prior Authorization Request Form (Page 1 of 2)

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:	Specialty:	
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:
Medication Information (required)					
Medication Name:			Strength:	Dosage Form:	
<input type="checkbox"/> Check if requesting brand			Directions for Use:		
<input type="checkbox"/> Check if request is for continuation of therapy					
Clinical Information (required)					
<b>Select the diagnosis below:</b>					
<input type="checkbox"/> Active polyarticular juvenile idiopathic arthritis (PJIA)					
<input type="checkbox"/> Active systemic juvenile idiopathic arthritis (SJIA)					
<input type="checkbox"/> Cytokine release syndrome (CRS) risk due to CAR T-cell therapy					
<input type="checkbox"/> Giant cell arteritis (GCA)					
<input type="checkbox"/> Moderately to severely active rheumatoid arthritis (RA)					
<input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____					
<b>Clinical Information:</b>					
Is this request for continuation of prior Actemra therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is Actemra prescribed by or in consultation with a rheumatologist? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Will the patient use Actemra in combination with a biologic DMARD [e.g., Enbrel (etanercept), Humira (adalimumab), Cimzia (certolizumab), Simponi (golimumab)]? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Select if the patient has had trial and failure, contraindication, or intolerance to the following:					
<input type="checkbox"/> Enbrel <input type="checkbox"/> Humira					
<b>For active polyarticular juvenile idiopathic arthritis (PJIA), also answer the following:</b>					
Has the patient had trial and failure, contraindication, or intolerance to Arava (leflunomide) or Rheumatrex/Trexall (methotrexate)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>For active systemic juvenile idiopathic arthritis (SJIA), also answer the following:</b>					
Has the patient had trial and failure, contraindication, or intolerance to a non-steroidal anti-inflammatory drug (NSAID) or a systemic glucocorticoid? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>For cytokine release syndrome (CRS) risk due to CAR T-cell therapy, also answer the following:</b>					
Will the patient receive or is receiving chimeric antigen receptor (CAR) T-cell immunotherapy [i.e., Kymriah (tisagenlecleucel), Yescarta (axicabtagene ciloleucel)]? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is Actemra prescribed by or in consultation with an oncologist or hematologist? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>For giant cell arteritis, also answer the following:</b>					
Has the patient had a trial and failure, contraindication, or intolerance to a glucocorticoid (i.e., prednisone)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>For moderately to severely active rheumatoid arthritis (RA), also answer the following:</b>					
Has the patient had trial and failure, contraindication, or intolerance to one non-biologic disease modifying anti-rheumatic drug (DMARD) [e.g., Rheumatrex/Trexall (methotrexate), Arava (leflunomide), Azulfidine (sulfasalazine)]? <input type="checkbox"/> Yes <input type="checkbox"/> No					

This document and others if attached contain information that is privileged, confidential and/or may contain protected health information (PHI). The Provider named above is required to safeguard PHI by applicable law. The information in this document is for the sole use of OptumRx. Proper consent to disclose PHI between these parties has been obtained. If you received this document by mistake, please know that sharing, copying, distributing or using information in this document is against the law. **If you are not the intended recipient, please notify the sender immediately.**

Office use only: Actemra\_CMS\_2019Feb-W



OPTUMRx®

**Actemra® Prior Authorization Request Form (Page 2 of 2)**

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

**Reauthorization:**

**If this is a reauthorization request, answer the following questions:**

Is there documentation the patient has had a positive clinical response to Actemra therapy?  Yes  No

Will the patient use Actemra in combination with a biologic DMARD [e.g., Enbrel (etanercept), Humira (adalimumab), Cimzia (certolizumab), Simponi (golimumab)]?  Yes  No

**Quantity limit requests:**

What is the quantity requested per DAY? \_\_\_\_\_

**What is the reason for exceeding the plan limitations?**

- Titration or loading-dose purposes
- Patient is on a dose-alternating schedule (e.g., one tablet in the morning and two tablets at night, one to two tablets at bedtime)
- Requested strength/dose is not commercially available
- There is a medically necessary justification why the patient cannot use a higher commercially available strength to achieve the same dosage and remain within the same dosing frequency. **Please specify:** \_\_\_\_\_
- Other: \_\_\_\_\_

**Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?**

Please note:

This request may be denied unless all required information is received.  
If the patient is not able to meet the above standard prior authorization requirements, please call 1-800-711-4555.  
For urgent or expedited requests please call 1-800-711-4555.  
This form may be used for non-urgent requests and faxed to 1-800-527-0531.