ATRIO HEALTH PLANS

Immunologic Agents: Miscellaneous
Actemra (tocilizumab) J3262, Benlysta (belimumab) J0490, Nulojix (belatacept) J0485
Prior Authorization Request
Medicare Part B Form

*Instructions: * Indicates required information – Form may be returned if required information is not provided. Please fax this request to the appropriate fax number listed at the bottom of the page.*

☐	**NEW START - Start Date:_____**	☐	**Continuation** (within 365 days)**:** Date of last treatment _____
☐	Date Requested _____		
	Requestor _____ Clinic name: _____ Phone / Fax		

MEMBER INFORMATION

*Name:_____ *ID#:_____ *DOB:_____

PRESCRIBER INFORMATION

*Name:_____ ☐MD ☐FNP ☐DO ☐NP ☐PA *Phone:_____

*Address:_____ *Fax:_____

DISPENSING PROVIDER / ADMINISTRATION INFORMATION

*Name:_____ Phone:_____

*Address:_____ Fax:_____

PROCEDURE / PRODUCT INFORMATION

HCPC Code	Name of Drug ☐ Self-administered	Dose (Wt: _____ kg Ht:_____)	Frequency	End Date if known

☐Chart notes attached. **Other important information:**_____

Diagnosis: ICD10: _____ **Description**: _____

☐ Provider attests the diagnosis provided is an FDA-Approved indication for this drug

CLINICAL INFORMATION

☐ New Start or Initial Request: (Clinical documentation required for all requests)

☐ **Provider has reviewed the attached "Criteria for Approval" and attests the member meets ALL required PA criteria.**

If not, please provide **clinical rationale** for formulary exception: _____

_____

☐ Continuation Requests: (Clinical documentation required for all requests)

☐ **Provider has reviewed the attached "Criteria for Continuation" and attests the member meets ALL required PA Continuation criteria.**

☐ Patient had an adequate response or significant improvement while on this medication.

If not, please provide clinical rationale for continuing this medication: _____

_____

ACKNOWLEDGEMENT

Request By (Signature Required): _____**Date:**_____ /____ /____

Any person who knowingly files a request for authorization of coverage of a medical procedure or service with the intent to injure, defraud or deceive any insurance company by providing materially false information or conceals material information for the purpose of misleading, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **THIS AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT.** PAYMENT IS BASED ON BENEFITS IN EFFECT AT THE TIME OF SERVICE, MEMBER ELIGIBILITY AND MEDICAL NECESSITY.

For questions or assistance, please contact Customer Service at 1-877-672-8620, daily, 8am – 8pm (PST) (TTY users should call 1-800-735-2900).

Prior Authorization Group – Immunologic: Multiple Diagnoses PA

Drug Name(s):

ACTEMRA	**TOCILIZUMAB**
BENLYSTA	**BELIMUMAB**
NULOJIX	**BELATACEPT**

Criteria for approval of Prior Authorization Drug:

1. Prescribed for an approved FDA diagnosis (as listed below):
2. Drug is being used appropriately per MCG GUIDELINES, CMS recognized compendia, authoritative medical literature, evidence-based guidelines and/or accepted standards of medical practice.
3. Member does not have any clinically relevant contraindications, or CMS/Plan exclusions, to the requested drug.

- If the member meets all these criteria, they may be approved by the Plan for the requested drug.
- Quantity limits and Tiering will be determined by the Plan.

Exclusion Criteria:

N/A

Prescriber Restrictions:

Only physicians experienced in immunosuppressive therapy and management of kidney transplant patients should prescribe Nulojix (belatacept).

Coverage Duration:

Approvals will be for 12 months

FDA Indications:

Actemra

- Cytokine release syndrome, Chimeric antigen receptor T-cell induced, severe or life threatening disease
- Juvenile rheumatoid arthritis, Polyarticular
- Lung disease with systemic sclerosis
- Rheumatoid arthritis (Moderate to Severe), In patients who had an inadequate response to disease modifying antirheumatic therapy
- Systemic onset juvenile chronic arthritis
- Temporal arteritis

Benlysta

- Lupus nephritis, Active, receiving standard therapy
- Systemic lupus erythematosus, Active, autoantibody-positive, receiving standard therapy

Nulojix

- Renal transplant rejection, EBV seropositive; in combination with basiliximab induction, mycophenolate mofetil, and corticosteroids; Prophylaxis

Off-Label Uses:

Actemra

- COVID-19, Hospitalized patients receiving systemic corticosteroids and requiring respiratory support
- Rheumatoid arthritis (Moderate to Severe), With no previous treatment failure
- Thyroid eye disease (Moderate to Severe), Active

Benlysta

- Rheumatoid arthritis

Age Restrictions:

Actemra: 2 Years or Older

Other Clinical Considerations:

Actemra:

Patients treated with tocilizumab are at increased risk for infections, some progressing to serious infections leading to hospitalization or death. These infections have included bacterial infection, tuberculosis, invasive fungal, or other opportunistic infections. Evaluate for latent tuberculosis and treat if necessary prior to initiation of therapy. Monitor patients receiving tocilizumab for signs and symptoms of infection, including tuberculosis, even if initial latent tuberculosis test is negative

Nulojix:

Contraindicated in: Epstein-Barr virus seronegative or unknown status, due to increased risk for posttransplant lymphoproliferative disorder, particularly involving the CNS

Increased risk for developing posttransplant lymphoproliferative disorder (PTLD), predominantly involving the central nervous system (CNS). Recipients without immunity to Epstein-Barr virus (EBV) are at a particularly increased risk; therefore, use in EBV seropositive patients only. Do not use belatacept in transplant recipients who are EBV seronegative or with unknown EBV serostatus.

Resources:

https://www.micromedexsolutions.com/micromedex2/librarian/CS/C317C5/ND_PR/evidencexpert/ND_P/evidencexpert/DUPLICATIONSHIELDSYNC/7A66C3/ND_PG/evidencexpert/ND_B/evidencexpert/ND_AppProduct/evidencexpert/ND_T/evidencexpert/PFActionId/evidencexpert.DoIntegratedSearch?SearchTerm=Tocilizumab&UserSearchTerm=Tocilizumab&SearchFilter=filterNone&navitem=searchGlobal#

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