## US Family Health Plan Prior Authorization Request Form for tocilizumab subcutaneous (Actemra SC)

To be completed and signed by the prescriber. To be used only for prescriptions which are to be filled through the Department of Defense (DoD) US Family Health Plan Pharmacy Program. US Family Health Plan is a TRICARE contractor for DoD.

The completed form may be faxed to 855-273-5735

OR

The patient may attach the completed form to the prescription and **mail** it to:

Attn: Pharmacy, 77 Warren St, Brighton, MA 02135

## QUESTIONS? Call 1-877-880-7007

Address:  Sponsor ID #	Step	Please complete patient and physician information (please print):								
Sponsor ID#	.1	Patient Name:		Physicia	an Name:					
Date of Birth:  Secure Fax #:  Ple ase complete clinical assessment:  1. Humira is the Department of Defense's preferred targeted immune biologic. Has the patient tried Humira?  2. How old is the patient?  3. Does the patient have one of the following indications or diagnosis?  4. Has the patient had an inadequate response to Humira?  5. Has the patient experienced an adverse reaction to Humira has the patient have a contraindication to Humira yeoceed to question 7  Coverage not approved (adalimumab)?		Address:			Address:					
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1. Humira is the Department of Defense's preferred targeted immune biologic. Has the patient tried Humira?    18 years of age or older proceed to question 4	Cton			Secu	re Fax #:					
immune biologic. Has the patient tried Humira?		Please complete clinical assessment:								
2. How old is the patient?    18 years of age or older proceed to question 3   Less than 18 years of age proceed to question 8     3. Does the patient have one of the following indications or diagnosis?   Giant cell arteritis - proceed to question 12   slowing the rate of decline in pulmonary function in systemic sclerosis-associated lung disease (SSc-ILD) - proceed to question 1:   Other - proceed to question 6   No proceed to question 7   Proceed to question 5     4. Has the patient had an inadequate response to Humira?   Yes   No proceed to question 7   STOP     5. Has the patient experienced an adverse reaction to Humira that is not expected to occur with the requested agent   Yes   No STOP     6. Does the patient have a contraindication to Humira   Yes   No STOP     7. Overage not approved to question 7   STOP   No STOP     8. Overage not approved to question 7   STOP   No STOP     9. Overage not approved to question 7   STOP   No STOP     9. Overage not approved to question 7   STOP   No STOP			□ Yes		□ No					
3. Does the patient have one of the following indications or diagnosis?  Giant cell arteritis - proceed to question 12  Slowing the rate of decline in pulmonary function in systemic sclerosis-associated lung disease (SSc-ILD) - proceed to question 1.  Other - proceed to question 6  4. Has the patient had an inadequate response to Humira?  Yes  proceed to question 7  For that is not expected to occur with the requested agent  No  proceed to question 7  Coverage not approved  6. Does the patient have a contraindication to Humira  (adalimumab)?  Proceed to question 7  STOP  STOP		immune biologic. Has the patient tried Hun		proceed to questi	on <b>4</b>	proceed to question 2				
3. Does the patient have one of the following indications or diagnosis?  Giant cell arteritis - proceed to question 12  Slowing the rate of decline in pulmonary function in systemic sclerosis-associated lung disease (SSc-ILD) - proceed to question 1.  Other - proceed to question 6  4. Has the patient had an inadequate response to Humira?  Yes  proceed to question 7  For that is not expected to occur with the requested agent  No  proceed to question 7  Coverage not approved  6. Does the patient have a contraindication to Humira  (adalimumab)?  Proceed to question 7  STOP  STOP										
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Other - proceed to question 6  4. Has the patient had an inadequate response to Humira?		□ slow								
4. Has the patient had an inadequate response to Humira?    Yes			sclerosis-ass		•	(SSc-IL	D) - proceed to question 12			
5. Has the patient experienced an adverse reaction to Humira that is not expected to occur with the requested agent  6. Does the patient have a contraindication to Humira (adalimumab)?  proceed to question 7  Proceed to question 7  STOP  Coverage not approved  Proceed to question 7  STOP  To proceed to question 7  STOP		□ Other - proceed to question 6								
5. Has the patient experienced an adverse reaction to Humira that is not expected to occur with the requested agent proceed to question 7  6. Does the patient have a contraindication to Humira (adalimumab)?    Yes   No		4. Has the patient had an inadequate respon	☐ Yes		□ No					
that is not expected to occur with the requested agent  proceed to question 7  Coverage not approved  6. Does the patient have a contraindication to Humira (adalimumab)?  The proceed to question 7  STOP  Coverage not approved  Proceed to question 7  STOP  STOP						on <b>7</b>	proceed to question <b>5</b>			
6. Does the patient have a contraindication to Humira (adalimumab)?		· · · · · · · · · · · · · · · · · · ·			☐ Yes		□ No			
6. Does the patient have a contraindication to Humira				agent	proceed to questi	on <b>7</b>	STOP			
(adalimumab)? proceed to question 7							Coverage not approved			
proceed to question 7			t have a contraindication to Hum				□ No			
Coverage not approved		(adalimumab)?			proceed to questi	on <b>7</b>	STOP			
Coverage not approved							Coverage not approved			

	7.	.What is the indication or diagnosis?	<ul> <li>□ moderate to severely active rheumatoid arthritis – proceed to question 11</li> <li>□ Giant cell arteritis – proceed to question 12</li> <li>□ Systemic sclerosis-associated lung disease (SSc-ILD) – proceed to question 12</li> <li>□ Other indication or diagnosis – STOP: Coverage not approved.</li> </ul>				
	8.	Is the patient 2 years of age or older?		☐ Yes proceed to question <b>9</b>	□ No STOP Coverage not approved		
	9.	Does the patient have a contraindication to Humira (adalimumab)?		☐ Yes proceed to question 10	□ No STOP Coverage not approved		
	10.			le Idiopathic Arthritis (pJIA) – proceed to question 13			
		diagnosis?	☐ systemic Juvenile Idiopathic	C Arthritis (sJIA) – proceed to question 13			
			☐ Other indication or diagnos	is - STOP: coverage not approved.			
	11.	Has the patient had an inadeque or more disease modifying and (DMARDS) non-biologic systemethotrexate, aminosalicylate sulfasalazine, mesalamine], coimmunosuppressants [for example of the company of th	i-rheumatic drugs mic therapy. (For example: s [for example, rticos teroids,	☐ Yes proceed to question <b>12</b>	□ No STOP Coverage not approved		
	12.	Does the patient have platelets liver transaminases above 1.5		☐ Yes STOP Coverage not approved	□ No proceed to question <b>13</b>		
	13.	3. Does the patient have evidence of a negative TB test result in the past 12 months (or TB is adequately managed)?		☐ Yes proceed to question <b>14</b>	□ No STOP Coverage not approved		
	14. Will the patient be receiving other targeted immunomodulatory biologics with Actemra, including but not limited to the following: certolizumab (Cimzia), etanercept (Enbrel), golimumab (Simponi), infliximab (Remicade), apremilast (Otezla), ustekinumab (Stelara), abatacept (Orencia), anakinra (Kineret), tocilizumab (Actemra), tofacitinib (Xeljanz/Xeljanz XR), rituximab (Rituxan), secukinumab (Cosentyx), ixekizumab (Taltz), brodalumab (Siliq), sarilumab (Kevzara), guselkumab (Tremfya), baricitinib (Olumiant), tildrakizumab (Ilumya), risankizumab (Skyrizi), or upadacitinib (Rinvoq ER)?		□ Yes STOP Coverage not approved	□ No Sign and date below			
Step 3	l ce	ertify the above is true to the	best of my knowledge. Plo	ease sign and date:	· · · · · · · · · · · · · · · · · · ·		
		Prescriber Sig	nature	 Date			
		i icaciibei oig	griataro	Date	[30 September 2021]		