



Date of Request: _____

Sterling Retiree Rx Prior Authorization Form

ACTEMRA

Coverage Criteria / Required Medical Information

Must have an inadequate response to at least one nonbiologic DMARD or intolerance/contraindication to at least 2 nonbiologic DMARDs. Must have an inadequate response or intolerance/contraindication to one TNF antagonist.

Screening for latent tuberculosis is required. If results are positive, patient must have completed treatment or must currently be receiving treatment for latent tuberculosis. Evaluate for HBV risk and initiate treatment if appropriate.

For renewals, patient must have responded to Actemra therapy (e.g., condition improved or stabilized).

Exclusion Criteria

Patients are excluded if they have an active infection (including TB). Concurrent therapy with other biologic agent(s).

Member Information

Name				
Enrollment/Card-holder ID Number				
Group/Plan		Male	Female	
Date of Birth		Age	Weight in Kg	
Street Address				
City		State	Zip	

Physicians Information

Name				
Agent		Contact Name		
Specialty/Office				
Clinic Name				
Street Address				
City		State	Zip	
Phone		Fax		

Requested Drug

ACTEMRA	Reason for Request
Condition/Diagnosis Related	

Clinical Drug/Lab History Pertinent to Request

Labs: Baseline/Ongoing		Strength/Dosage	
Formulary Alternative(s) Attempted?		Yes:	No:
Please List Alternative Formulary Drugs			

Comments

Physicians Signature: _____ Fax Form to 1-866-481-3704