



ACTEMRA SQ PA SUMMARY

STATUS: Non-Preferred

LENGTH OF AUTHORIZATION: 1 year

PA CRITERIA:

- ❖ Approvable for the diagnosis of moderately to severely active Rheumatoid Arthritis (RA) in members 18 years of age and older
- ❖ Member must have tried methotrexate alone or in combination with another DMARD (disease modifying antirheumatic drug) for at least 3 months and failed to achieve an adequate response.
- ❖ In addition, member must have tried and failed a 3-month trial of both Enbrel and Humira.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.