5. If the request is for a non-preferred product, member has had a trial of a preferred product where applicable, or acceptable clinical reason must be provided as to why it cannot be used. See Appendix A for named preferred and non-preferred products.
6. **Dosage allowed/Quantity limit:** Initial: Two 1000mg doses separated by 2 weeks; Maintenance: 500mg infusion at month 12 and every 6 months thereafter or based on clinical evaluation. Relapse: 1000mg infusion. Subsequent infusions may be administered no sooner than 16 weeks following the previous infusion.

If all the above requirements are met, the medication will be approved for 12 months.

For **reauthorization**:
1. Chart notes demonstrate clinical improvement of signs and symptoms (e.g. healed lesions, fewer new lesions, etc.)

If all the above requirements are met, the medication will be approved for an additional 12 months.

Rheumatoid Arthritis (RA)

For **initial** authorization:
1. Member is 18 years old or older; AND
2. Medication is being prescribed by or in consultation with a rheumatologist; AND
3. Member has a documented diagnosis of moderately- to severely- active RA; AND
4. Rituximab is being used in combination with methotrexate, or another non-biologic DMARD if unable to tolerate methotrexate; AND
5. Member must have inadequate response or intolerance to **ONE** or more tumor necrosis factor (TNF) antagonists (e.g. adalimumab, etanercept, infliximab) for at least 3 months each. Note: TNF antagonists require prior authorization; AND
6. If the request is for a non-preferred product, member has had a trial of a preferred product where applicable, or acceptable clinical reason must be provided as to why it cannot be used. See Appendix A for named preferred and non-preferred products.
7. **Dosage allowed/Quantity limit:** Two 1000mg doses separated by 2 weeks; subsequent courses repeated no sooner than every 16 weeks (every 24 weeks is typical).

If all the above requirements are met, the medication will be approved for 6 months.

For **reauthorization**:
1. Chart notes demonstrate improvement of RA signs and symptoms (e.g. fewer number of painful and swollen joints, achievement of remission, etc.)

If all the above requirements are met, the medication will be approved for an additional 12 months.

Acquired Thrombotic Thrombocytopenic Purpura (aTTP)

For **initial** authorization:
1. Member is 18 years old or older; AND
2. Medication must be prescribed by or in consultation with a hematologist; AND
3. Member has a presumptive or confirmed diagnosis of aTTP including **ALL** of the following:
   a) Lab results showing thrombocytopenia (platelet count less than 150,000);
   b) Microangiopathic hemolytic anemia (MAHA) confirmed by presence of schistocytes on blood smear;

c) Documentation of a PLASMIC score between 5 and 7 (intermediate to high risk);

1. Testing shows an ADAMTS13 activity level less than 10%, **OR** test has been ordered and results

Generalized

Immune Thrombocytopenia (ITP)

For **initial** authorization:

1. Medication is prescribed by or in consultation with a hematologist; AND
2. Member has a documented diagnosis of ITP of at least 6 months duration; AND
3. ^{9} OR <50 x 10^{9} with active symptomatic bleeding or high risk factors for bleeding; AND
4. Member has had an insufficient response to **ONE** of the following:
   a) Corticosteroid
   b) Immunoglobulin
   c) Splenectomy; AND
5. Member has had an insufficient response to a thrombopoietin receptor agonist (TPO

07/15/2015	

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