

<b>POLICY NAME</b>	Tocilizumab Products - Pharmacy benefit	<b>POLICY #</b>	1836P
--------------------	---	-----------------	-------

## Criteria

### Coverage Criteria for Rheumatoid Arthritis (RA)

- ☐ See Rheumatoid Arthritis Immunomodulator Therapies policy

### Coverage Criteria for Polyarticular Juvenile Idiopathic Arthritis (PJIA)

- ☐ See Polyarticular Juvenile Idiopathic Arthritis Immunomodulator Therapies policy

### Coverage Criteria for Systemic Juvenile Idiopathic Arthritis (SJIA)

- ☐ Diagnosis of Systemic Juvenile Idiopathic Arthritis (SiIA)
- 
- ☐ Ordered by a Rheumatologist (musculoskeletal doctor)
- 
- ☐ Documentation to support ONE of the following:
- Documented trial and failure of one non-steroidal anti-inflammatory drug (NSAID, such as ibuprofen or naproxen) for at least 2 weeks
  - Documentation the patient has moderate-to-severe disease including any one of the following systemic manifestations:
    - Fever
    - Serositis
    - Early Macrophage Activation Syndrome (MAS)

### Coverage Criteria for Giant Cell Arteritis

- ☐ Diagnosis of Giant Cell Arteritis
- 
- ☐ Ordered by a Rheumatologist (musculoskeletal doctor), Ophthalmologist (eye doctor), or Neuro-Ophthalmologist (doctor of the eyes and nervous system)
- 
- ☐ Documented failure to respond to a minimum 3-month trial of glucocorticoids
- 
- ☐ Documented failure to respond to a minimum 3-month trial, intolerance, or contraindication to Rinvoq

## Coverage Criteria for Systemic Sclerosis-Associated Interstitial Lung Disease (SSc-ILD)

- ☐ Diagnosis of Systemic Sclerosis-Associated Interstitial Lung Disease (SSc-ILD)
- ☐ Age 18 years or older
- ☐ Ordered by or in consultation with a pulmonologist (lung doctor) or rheumatologist (musculoskeletal doctor)
- ☐ Documented trial and subsequent failure or contraindication to mycophenolate mofetil or cyclophosphamide
- ☐ Only subcutaneous, not IV, Actemra will be used for this indication
- ☐ Medication will not be used in combination with Ofev
- ☐ Medication will not be used in combination with other immunomodulators

## Exclusion Criteria – Any of the following prevents coverage

- ☐ Inadequate response to initial or previous tocilizumab therapy
- ☐ Health Alliance does not cover concurrent therapy with other immunomodulators based upon the possible increased risk for infections and other potential pharmacological interactions