

<b>Policy Name:</b>	<b>Tocilizumab Products - Pharmacy benefit</b>	<b>Policy#:</b>	<b>1836P</b>
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## Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of Actemra subQ.

## Statement of the Policy

Health Alliance Medical Plans will approve the use of Actemra SubQ under the specialty pharmacy benefit when the following criteria have been met. This coverage criteria only applies to the Actemra subcutaneous formulation covered on the pharmacy benefit.

## Criteria

### 1. Coverage Criteria for Rheumatoid Arthritis (RA)

- 1.1 See [Rheumatoid Arthritis Immunomodulator Therapies](#) policy

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

- 2.1 See [Polyarticular Juvenile Idiopathic Arthritis Immunomodulator Therapies](#) policy

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

- 3.1 Diagnosis of Systemic Juvenile Idiopathic Arthritis (SJIA)
- 3.2 Ordered by a Rheumatologist (musculoskeletal doctor)
- 3.3 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)

### 4. Coverage Criteria for Giant Cell Arteritis

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

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

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

### 6. Exclusion Criteria

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

### 7. Approval Period

- 7.1 Initial Authorization will be placed for 12 months

7.2 All subsequent authorizations will be placed for 12 months, based upon clinical response to therapy

## References

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4. Ringold S, Weiss PF, Colbert RA, et al. Childhood Arthritis and Rheumatology Research Alliance consensus treatment plans for new-onset polyarticular juvenile idiopathic arthritis. *Arthritis Care Res (Hoboken).* 2014 Jul;66(7):1063-72.
5. Fraenkel L, Bathon JM, England BR, et al. 2021 American College of Rheumatology Guideline for the Treatment of Rheumatoid Arthritis. *Arthritis Care Res (Hoboken).* 2021 Jul;73(7):924-939.
6. Maz M, Chung SA, Abril A, et al. 2021 American College of Rheumatology/Asculitis Foundation guideline for the management of giant cell arteritis and Takayasu arteritis. *Arthritis Rheumatol.* 2021;73(8):1349-1365.
7. Santomasso BD, Nastoupil LJ, Adkins S, et al. Management of immune-related adverse events in patients treated with chimeric antigen receptor T-cell therapy: ASCO guideline. *J Clin Oncol.* 2021;39(35):3978-3992.
8. Hoogen FV, Khanna D, Fransen J, et al. 2013 classification criteria for systemic sclerosis: an American college of rheumatology/European league against rheumatism collaborative initiative. *Ann Rheum Dis.* 2013 Nov;72(11):1747-55.
9. Fernandes das Neves M, Oliveira S, Amaral MC et al. Treatment of systemic sclerosis with tocilizumab. *Rheumatology (Oxford),* 2015;54: 371-372.

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## DISCLAIMER

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