

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

### Coverage Criteria for Rheumatoid Arthritis (RA)

- ☐ 1.1 See Rheumatoid Arthritis Immunomodulator Therapies policy

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

- ☐ 2.1 See Polyarticular Juvenile Idiopathic Arthritis Immunomodulator Therapies policy

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

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

### Coverage Criteria for Giant Cell Arteritis

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

- ☐ 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

## Exclusion Criteria – Any of the following prevents coverage

- ☐ 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