Policy Title:	Actemra (tocilizumab) (Intravenous)		
		Department:	PHA
Effective Date:	01/01/2020		
Review Date:	09/25/2019, 12/18/2019		
Revision Date:	09/25/2019, 12/18/2019		

Purpose: To support safe, effective and appropriate use of Actemra (tocilizumab).

Scope: Medicaid, Exchange, Medicare-Medicaid Plan (MMP)

Policy Statement:

Actemra (tocilizumab) is covered under the Medical Benefit when used within the following guidelines. Use outside of these guidelines may result in non-payment unless approved under an exception process.

Procedure:

Coverage of Actemra (tocilizumab) will be reviewed prospectively via the prior authorization process based on criteria below.

Initial Criteria:

- Patient has been evaluated and screened for the presence of latent TB infection prior to initiating treatment; AND
- Patient does not have an active infection, including clinically important localized infections; AND
- Must not be administered concurrently with live vaccines; AND
- Patient is not on concurrent treatment with another TNF-inhibitor, biologic response modifier or other non-biologic agent (i.e., apremilast, tofacitinib, baricitinib); AND

Rheumatoid Arthritis

- Patient is 18 years or older; AND
- Physician has assessed baseline disease severity utilizing an objective measure/tool; AND
- Documented moderate to severe active disease; AND
- Patient has had at least a 3 month trial and failed previous therapy with ONE formulary oral disease modifying anti-rheumatic agent (DMARD); AND
- May be used alone or in combination with methotrexate; AND

- Patient must have failed or experienced intolerable side effects to two or more formulary TNF inhibitor agents, such as adalimumab (Humira)

Juvenile Idiopathic Arthritis (JIA)

- Patient is 2 years or older ; AND
- Patient has active systemic (SJIA) or polyarticular (PJIA) disease; AND
- Physician has assessed baseline disease severity utilizing an objective measure/tool; AND
- Patient has had at least a 1-month trial and failure (unless contraindicated or intolerant) of previous therapy with either oral non-steroidal anti-inflammatory drugs (NSAIDs) OR a systemic glucocorticoid (prednisone, methylprednisolone, etc.); AND
- May be used alone or in combination with methotrexate; AND
- Patient must have failed or experienced intolerable side effects to adalimumab (Humira)

Castleman's Disease (NHL)

- Used as a single agent; AND
    - Patient has unicentric disease; AND
        - Patient is human immunodeficiency virus (HIV)-negative and human herpesvirus-8 (HHV-8)-negative; AND
        - Used as second-line therapy for relapsed or refractory disease; OR
    - Patient has multicentric disease; AND
        - Used as subsequent therapy for relapsed, refractory, or progressive disease

Cytokine Release Syndrome (CRS)

- Patient is 2 years or older; AND
- Patient has received or will be receiving chimeric antigen receptor (CAR) T cell therapy; AND
    - Tocilizumab is being ordered to have on-hand, prior to the administration of CAR-T therapy, if needed for the treatment of CRS; OR
    - Patient has a confirmed diagnosis of CAR-T therapy induced severe or life-threatening CRS

Management of Immune Checkpoint Inhibitor related Inflammatory Arthritis

- Patient has been receiving therapy with an immune checkpoint inhibitor (e.g. nivolumab, pembrolizumab, atezolizumab, avelumab, durvalumab, etc.); AND
- Patient has inflammatory arthritis related to their immunotherapy; AND
- Documented severe disease; AND
- Patient's condition is refractory to corticosteroids and anti-inflammatory agents

Continuation of Therapy Criteria:

- Patient continues to meet initial criteria; AND
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include the following: neutropenia (absolute neutrophil count (ANC) below 1000 per mm^3), thrombocytopenia (platelet count below 100,000 per mm^3), hepatotoxicity (ALT or AST

above 3-5 times the upper limit of normal), gastrointestinal perforation, severe hypersensitivity reactions, demyelinating disorders, etc.; AND

- Patient is receiving ongoing monitoring for presence of TB or other active infections

Oncology Indications

Castleman's Disease (NHL)

- Tumor response with stabilization of disease or decrease in size of tumor or tumor spread

Non-Oncology Indications

Rheumatoid arthritis (RA)

- Disease response as indicated by improvement in signs and symptoms compared to baseline such as the number of tender and swollen joint counts, reduction of C-reactive protein, improvement of patient global assessment, and/or an improvement on a disease activity scoring tool [e.g. an improvement on a composite scoring index such as Disease Activity Score-28 (DAS28) of 1.2 points or more or a ≥20% improvement on the American College of Rheumatology-20 (ACR20) criteria]

Juvenile Idiopathic Arthritis (SJIA/PJIA)

- Disease response as indicated by improvement in signs and symptoms compared to baseline such as the number of tender and swollen joint counts and/or an improvement on a disease activity scoring tool [e.g. an improvement on a composite scoring index such as Juvenile Arthritis Disease Activity Score (JADAS) or the American College of Rheumatology (ACR) Pediatric (ACR-Pedi 30) of at least 30% improvement from baseline in three of six variables].

Cytokine Release Syndrome

- May not be renewed

Management of Immune Checkpoint Inhibitor related Inflammatory Arthritis

- May not be renewed

Coverage durations:

Indication	Duration of initial approval	Continuation of therapy coverage
Adult Rheumatoid Arthritis	6 months	6 months
Polyarticular Juvenile Idiopathic Arthritis	6 months	6 months
Systemic Juvenile Idiopathic Arthritis	6 months	6 months
Castleman's Disease (NHL)	4 months	4 months
Cytokine Release Syndrome (CRS)	4 doses only	Cannot be renewed
ImmuneCheckpoint Inhibitor related inflammatory arthritis	1 dose	Cannot be renewed

*** Requests will also be reviewed to National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) if applicable. ***

Dosage/Administration:

Indication	Dose	Maximum dose (1 billable unit = 1 mg)
Adult Rheumatoid Arthritis	4 mg/kg IV every 4 weeks May increase to 8 mg/kg every 4 weeks based on clinical response	800 units every 28 days
Polyarticular Juvenile Idiopathic Arthritis	Weight ≥ 30 kg: 8 mg/kg IV every 4 weeks Weight < 30 kg: 10 mg/kg IV every 4 weeks	800 units every 28 days
Systemic Juvenile Idiopathic Arthritis	Weight ≥ 30 kg 8 mg/kg IV every 2 weeks Weight < 30 kg 12 mg/kg IV every 2 weeks	800 units every 14 days
Castleman's Disease (NHL)	8 mg/kg IV every 2 weeks for 16 weeks (8 doses)	800 units every 14 days
Cytokine Release Syndrome (CRS)	Weight ≥ 30 kg 8 mg/kg IV every 8 hours, if needed, up to a maximum of 4 total doses* Weight < 30 kg 12 mg/kg IV every 8 hours, if needed, up to a maximum of 4 total doses* *If no clinical improvement in the signs and symptoms of CRS occurs after the first dose, up to 3 additional doses may be administered. The interval between consecutive doses should be at least 8 hours. May be used with or without corticosteroids	3200 units for one course of therapy
ImmuneCheckpoint Inhibitor related inflammatory arthritis	4 mg/kg IV once	800 units for one course of therapy

Investigational use: All therapies are considered investigational when used at a dose or for a condition other than those that are recognized as medically accepted indications as defined in any one of the following standard reference compendia: American Hospital Formulary Service Drug information (AHFS-DI), Thomson Micromedex DrugDex, Clinical Pharmacology, Wolters Kluwer Lexi-Drugs, or Peer-reviewed published medical literature indicating that sufficient evidence exists to support use. Neighborhood does not provide coverage for drugs when used for investigational purposes.

Applicable Codes:
Below is a list of billing codes applicable for covered treatment options. The below tables are provided for reference purposes and may not be all inclusive. Requests received with codes from tables below do not guarantee coverage. Requests must meet all criteria provided in the procedure section.

The following HCPCS/CPT code is:

HCPCS/CPT Code	Description
J3262	Injection, tocilizumab, 1 mg

References:

1. Actemra [package insert]. South San Francisco, CA; Genentech, Inc; May 2018. Accessed August 2018.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) tocilizumab. National Comprehensive Cancer Network, 2018. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc." To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed August 2018.
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12. National Institute for Health and Care Excellence. NICE 2010. Adalimumab, etanercept, infliximab, rituximab and abatacept for the treatment of rheumatoid arthritis after failure of a TNF inhibitor. Published 10 October 2012. Clinical Guideline [TA195]. https://www.nice.org.uk/guidance/ta195/resources/adalimumab-etanercept-infliximabrituximab-and-abatacept-for-the-treatment-of-rheumatoid-arthritis-after-the-failure-of-atnf-inhibitor-pdf-82598558287813.
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