

POLICY: Inflammatory Conditions - Tocilizumab Intravenous Products Utilization
Management Medical Policy

- Actemra® (tocilizumab intravenous infusion – Genentech/Roche)
- Tofidence™ (tocilizumab-bavi intravenous infusion – Biogen)

EFFECTIVE DATE: 1/1/2020

LAST REVISED DATE: 05/08/2025; selected revision 06/11/2025

COVERAGE CRITERIA FOR: UCare Medicare Plans Only (UCare Medicare, EssentiaCare, Group Plans, MSHO, Connect + Medicare, UCare Your Choice)

OVERVIEW

Tocilizumab intravenous infusion, an interleukin-6 (IL-6) receptor inhibitor, is indicated for the following conditions:¹

- **Coronavirus Disease 2019 (COVID-19)**, in hospitalized adults who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO). Of note, this policy does not target this indication.
- **Cytokine release syndrome**, in patients ≥ 2 years of age with severe or life-threatening disease associated with chimeric antigen receptor (CAR) T-cell therapy.
- **Giant cell arteritis** in adults.
- **Polyarticular juvenile idiopathic arthritis**, for the treatment of active disease in patients ≥ 2 years of age.
- **Rheumatoid arthritis**, for treatment of adults with moderate to severe active disease who have had an inadequate response to one or more disease modifying antirheumatic drugs (DMARDs).
- **Systemic juvenile idiopathic arthritis**, for the treatment of active disease in patients ≥ 2 years of age.

Dosing Information

In rheumatoid arthritis, many dose modifications are recommended for the management of dose-related laboratory changes such as increased liver enzymes, neutropenia, and thrombocytopenia.¹ In conditions other than rheumatoid arthritis, reduced dosing of tocilizumab intravenous generally follows the recommendations for rheumatoid arthritis. Dose interruptions of tocilizumab intravenous are recommended for certain laboratory abnormalities and are similar to those recommended in rheumatoid arthritis. Dosing modifications are determined by the prescriber. Specifically for cytokine release syndrome associated with CAR T-cell therapy, the median number of tocilizumab intravenous doses administered in the pivotal trial was one dose (range, 1 to 4 doses).

Guidelines/Clinical Efficacy

IL-6 blockers are mentioned in multiple guidelines for treatment of inflammatory conditions. Clinical data also support use of tocilizumab in other conditions.

- **Cytokine Release Syndrome:** The National Comprehensive Cancer Network (NCCN) clinical practice guidelines for Management of Immunotherapy-Related Toxicities (version 1.2025 –

December 20, 2024) give specific recommendations for use of tocilizumab in the management of inflammatory arthritis, cytokine release syndrome, and CAR T-cell-related toxicities.²

- For cytokine release syndrome and CAR T-cell-related toxicities, tocilizumab is recommended for all grades of disease.
- For immune checkpoint inhibitor-related inflammatory arthritis, infliximab and tocilizumab are among the alternatives that may be considered for severe arthritis not responding to steroids.
- **Giant Cell Arteritis:** Recommendations from the European League Against Rheumatism (EULAR) [2023] state the diagnosis of giant cell arteritis may be made without biopsy if there is a high suspicion of giant cell arteritis and a positive imaging test.³ In the pivotal trial evaluating tocilizumab subcutaneous for giant cell arteritis (n = 251), patients were treated with corticosteroids in an open-label fashion (20 mg to 60 mg/day) during the screening period prior to treatment with tocilizumab subcutaneous.^{4,5} Sustained remission at Week 52 was achieved in 56% of patients who received tocilizumab subcutaneous every week + 26-week prednisone taper and 53% of patients who received Actemra every other week + 26-week prednisone taper vs. in 14% of patients in the 26-week prednisone taper and 18% of patients in the 52-week prednisone taper.
- **Polyarticular Juvenile Idiopathic Arthritis:** Guidelines for the treatment of juvenile idiopathic arthritis from the American College of Rheumatology (ACR) [2021] address oligoarthritis and temporomandibular joint (TMJ) arthritis.⁶ For oligoarthritis, a biologic is recommended following a trial of a conventional synthetic DMARD. In patients with TMJ arthritis, scheduled nonsteroidal anti-inflammatory drugs (NSAIDs) and/or intra-articular glucocorticoids are recommended first-line. A biologic is a therapeutic option if there is an inadequate response or intolerance. Additionally, rapid escalation to a biologic ± conventional synthetic DMARD (methotrexate preferred) is often appropriate given the impact and destructive nature of TMJ arthritis. In these guidelines, there is not a preferred biologic that should be initiated for JIA. ACR/Arthritis Foundation has guidelines for the treatment of juvenile idiopathic arthritis (2019) specific to juvenile non-systemic polyarthritis, sacroiliitis, and enthesitis.⁷ For patients without risk factors, initial therapy with a DMARD is conditionally recommended over a biologic (including tocilizumab). Biologics (e.g., Actemra) are conditionally recommended as initial treatment when combined with a DMARD over biologic monotherapy.
- **Polymyalgia Rheumatica:** Guidelines from the European League Against Rheumatism (EULAR)/ACR (2015) were published prior to approval of tocilizumab for this condition.⁸ The minimum effective individualized duration of glucocorticoid therapy is strongly recommended.
- **Rheumatoid Arthritis:** Guidelines from ACR (2021) recommend addition of a biologic or a targeted synthetic DMARD for a patient taking the maximum tolerated dose of methotrexate who is not at target.⁹
- **Still's Disease (Systemic Juvenile Idiopathic Arthritis [sJIA] and Adult Onset Still's Disease [AOSD]):** The European Alliance of Associations for Rheumatology (EULAR) and Pediatric Rheumatology European Society (PReS) joint clinical guidelines for management of Still's disease (2024) recognize sJIA and AOSD as the same disease, differing only in age of onset. Therefore, they can collectively be referred to as Still's disease.¹⁰ Guidelines recommend an IL-1 or an IL-6 inhibitor be initiated as early as possible when the diagnosis is established.
- **Castleman's Disease:** The NCCN clinical practice guidelines for Castleman Disease (version 2.2025 – January 28, 2025) mention tocilizumab as a second-line therapy for relapsed or refractory unicentric Castleman disease in patients who are negative for human immunodeficiency virus and human herpesvirus-8.¹¹ For multicentric Castleman's disease, the guidelines list tocilizumab as a subsequent therapy for relapsed, refractory, or progressive disease.
- **COVID-19 (Coronavirus Disease 2019):** The Infectious Diseases Society of America (IDSA) has developed treatment guidelines for the management of COVID-19 and address the use of

Olumiant.¹² Tocilizumab is recommended for hospitalized patients with progressive severe or critical COVID-19 who have elevated markers of systemic inflammation.

POLICY STATEMENT

Prior Authorization is recommended for medical benefit coverage of tocilizumab intravenous products. The intent of this policy is to provide recommendations for appropriate uses; the acute treatment of COVID-19 in hospitalized patients is not addressed in this policy. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indications. Extended approvals are allowed if the patient continues to meet the Criteria and Dosing. Requests for doses outside of the established dosing documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist). All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days. Because of the specialized skills required for evaluation and diagnosis of a patient treated with tocilizumab intravenous as well as the monitoring required for adverse events and long-term efficacy, initial approval requires tocilizumab intravenous to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Indications and/or approval conditions noted with [\[EviCore\]](#) are managed by EviCore healthcare for those clients who use EviCore for oncology and/or oncology-related reviews. For these conditions, a prior authorization review should be directed to EviCore at www.EviCore.com.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Actemra and Tofidence is recommended for requests meeting both the preferred product step therapy requirements and indication requirements

Preferred Product(s): Tyenne

Non-Preferred Products(s): Actemra, Tofidence

Step Therapy Requirements:

Authorization for a non-preferred biologic product or biosimilar will be granted if the patient meets any one of the items listed below (A, B, C, D or E). Chart notes documenting the issue must be provided at time of request:

- A. The patient is *not* considered a new start to the non-preferred product (new start is defined as no use of the requested product in the previous 365 days) OR
- B. Allergic reaction to a specific inactive ingredient in all preferred biologic products or biosimilars OR
- C. Adverse reaction to a specific inactive ingredient in all preferred biologic products or biosimilars OR
- D. Therapeutic success while taking a non-preferred biologic product or biosimilar and therapeutic failure during an adequate trial of all preferred biologic products or

biosimilars which allowed sufficient time for a positive treatment outcome documented by medical chart notes OR

- E. The patient has a diagnosis not included in the FDA-approved indications of all preferred products, but is included in the FDA-approved indications of the non-preferred product

Please note:

- Factors such as patient or prescriber preference or healthcare facility's or pharmacy's inability or unwillingness to order or stock the preferred product(s) will not be considered
- Common side effects to all products and infusion-related reactions are not considered documented allergic reactions to a preferred product as they would be expected with the innovator and biosimilar products.
- Generally, an adequate trial of a drug is considered to be three months or longer in order to allow time for efficacy to be established

FDA-Approved Indications

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- 1. Cytokine Release Syndrome Associated with Chimeric Antigen Receptor (CAR) T-Cell Therapy.** [\[EviCore\]](#) Approve for 1 week (which is adequate duration to receive four doses) if prescribed for a patient who has been or will be treated with a CAR T-cell therapy.

Note: Examples of CAR T-cell therapy include Abecma (idecabtagene vicleucel intravenous infusion), Aucatzyl (obecabtagene autoleucel intravenous infusion), Breyanzi (lisocabtagene maraleucel intravenous infusion), Carvykti (ciltacabtagene autoleucel intravenous infusion), Kymriah (tisagenlecleucel intravenous infusion), Tecartus (brexucabtagene intravenous infusion), and Yescarta (axicabtagene ciloleucel intravenous infusion).

Dosing. Approve dosing that meets BOTH of the following (A and B):

- A)** Each individual dose must meet ONE of the following (i or ii):
- i.** Patient is < 30 kg: Approve up to 12 mg/kg to a maximum of 800 mg per dose.
 - ii.** Patient is ≥ 30 kg: Approve up to 8 mg/kg to a maximum of 800 mg per dose.
- B)** Approve up to four doses if there will be an interval of at least 8 hours between doses.

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- 2. Giant Cell Arteritis.** Approve for the duration noted if the patient meets ONE of the following (A or B):

- A) Initial Therapy.** Approve for 6 months if the patient meets ALL of the following (i, ii, and iii):
- i.** Patient is ≥ 18 years of age; AND
 - ii.** Patient has tried or is currently taking a systemic corticosteroid, or systemic corticosteroids are contraindicated; AND
- Note: An example of a systemic corticosteroid is prednisone.
- iii.** The medication is prescribed by or in consultation with a rheumatologist; OR
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- B) Patient is Currently Receiving a Tocilizumab Subcutaneous or Intravenous Product.** Approve for 1 year if the patient meets BOTH of the following (i and ii):
- i.** Patient has been established on therapy for at least 6 months; AND
Note: A patient who has received < 6 months of therapy or who is restarting therapy is reviewed under criterion A (Initial Therapy).
 - ii.** Patient meets at least ONE of the following (a or b):
 - a)** When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating a tocilizumab product); OR
Note: Examples of objective measures are serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate), resolution of fever, and/or reduced dosage of corticosteroids.
 - b)** Compared with baseline (prior to initiating a tocilizumab product), patient experienced an improvement in at least one symptom, such as decreased headache, scalp, or jaw pain; decreased fatigue; and/or improved vision.

Dosing. Approve dosing that meets BOTH of the following (A and B):

A) Approve up to 6 mg/kg to a maximum of 600 mg per dose; AND

B) There must be an interval of at least 4 weeks between doses.

3. Polyarticular Juvenile Idiopathic Arthritis. Approve for the duration noted if the patient meets ONE of the following (A or B):

A) Initial Therapy. Approve for 6 months if the patient meets ALL of the following (i, ii, and iii):

- i.** Patient is ≥ 2 years of age; AND
- ii.** Patient meets ONE of the following conditions (a, b, c, or d):
 - a)** Patient has tried one other systemic therapy for this condition; OR
Note: Examples of other systemic therapies include methotrexate, sulfasalazine, leflunomide, or a nonsteroidal anti-inflammatory drug (NSAID). A biologic (refer to Appendix for examples of biologics used for polyarticular juvenile idiopathic arthritis) also counts as a trial of one systemic therapy.
 - b)** Patient will be starting on a tocilizumab intravenous product concurrently with methotrexate, sulfasalazine, or leflunomide; OR
 - c)** Patient has an absolute contraindication to methotrexate, sulfasalazine, or leflunomide; OR
Note: Examples of absolute contraindication to methotrexate include pregnancy, breast feeding, alcoholic liver disease, immunodeficiency syndrome, and blood dyscrasias.
 - d)** Patient has aggressive disease, as determined by the prescriber; AND
- iii.** The medication is prescribed by or in consultation with a rheumatologist; OR

B) Patient is Currently Receiving a Tocilizumab Intravenous or Subcutaneous Product. Approve for 1 year if the patient meets BOTH of the following (i and ii):

- i.** Patient has been established on therapy for at least 6 months; AND
Note: A patient who has received < 6 months of therapy or who is restarting therapy with this medication is reviewed under criterion A (Initial Therapy).
- ii.** Patient meets at least ONE of the following (a or b):
 - a)** When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating a tocilizumab product); OR
Note: Examples of objective measures include Physician Global Assessment (MD global), Parent/Patient Global Assessment of Overall Well-Being (PGA), Parent/Patient Global Assessment of Disease Activity (PDA), Juvenile Arthritis Disease Activity Score (JDAS), Clinical Juvenile Arthritis Disease Activity Score (cJDAS), Juvenile Spondyloarthritis

Disease Activity Index (JSpADA), serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate), and/or reduced dosage of corticosteroids.

- b) Compared with baseline (prior to initiating a tocilizumab product), patient experienced an improvement in at least one symptom, such as improvement in limitation of motion, less joint pain or tenderness, decreased duration of morning stiffness or fatigue, improved function or activities of daily living.

Dosing. Approve dosing that meets BOTH of the following (A and B):

- A) Each individual dose must meet ONE of the following (i or ii):
 - i. Patient is < 30 kg: Approve up to 10 mg/kg up to a maximum of 800 mg per dose; OR
 - ii. Patient is ≥ 30 kg: Approve up to 8 mg/kg up to a maximum of 800 mg per dose; AND
- B) There must be an interval of at least 4 weeks between doses.

4. Rheumatoid Arthritis. Approve for the duration noted if the patient meets ONE of the following (A or B):

- A) Initial Therapy. Approve for 6 months if the patient meets ALL of the following (i, ii, and iii):
 - i. Patient is ≥ 18 years of age; AND
 - ii. Patient has tried ONE conventional synthetic disease-modifying antirheumatic drug (DMARD) for at least 3 months; AND

Note: Examples of one conventional DMARD tried include methotrexate (oral or injectable), leflunomide, hydroxychloroquine, and sulfasalazine. An exception to the requirement for a trial of one conventional synthetic DMARD can be made if the patient has already had a 3-month trial of at least one biologic (refer to Appendix for examples of biologics used for rheumatoid arthritis). A patient who has already tried a biologic for rheumatoid arthritis is not required to “step back” and try a conventional synthetic DMARD.

- iii. The medication is prescribed by or in consultation with a rheumatologist; OR
- B) Patient is Currently Receiving a Tocilizumab Intravenous or Subcutaneous Product. Approve for 1 year if the patient meets BOTH of the following (i and ii):
 - i. Patient has been established on therapy for at least 6 months; AND
Note: A patient who has received < 6 months of therapy or who is restarting therapy is reviewed under criterion A (Initial Therapy).
 - ii. Patient meets at least ONE of the following (a or b):
 - a) Patient experienced a beneficial clinical response when assessed by at least one objective measure; OR
Note: Examples of standardized and validated measures of disease activity include Clinical Disease Activity Index (CDAI), Disease Activity Score (DAS) 28 using erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP), Patient Activity Scale (PAS)-II, Rapid Assessment of Patient Index Data 3 (RAPID-3), and/or Simplified Disease Activity Index (SDAI).
 - b) Patient experienced an improvement in at least one symptom, such as decreased joint pain, morning stiffness, or fatigue; improved function or activities of daily living; decreased soft tissue swelling in joints or tendon sheaths.

Dosing. Approve dosing that meets BOTH of the following (A and B):

- A) Approve up to 8 mg/kg to a maximum of 800 mg per dose; AND
- B) There must be an interval of at least 4 weeks between doses.

5. **Systemic Juvenile Idiopathic Arthritis.** Approve for the duration noted if the patient meets ONE of the following (A or B):

Note: Systemic juvenile idiopathic arthritis (SJIA) and adult-onset Still's disease (AOSD) are considered the same disease (Still's disease) but differ in age of onset. For a patient ≥ 18 years of age, refer to AOSD indication below.

A) Initial Therapy. Approve for 6 months if the patient meets BOTH of the following (i and ii):

- i. Patient is ≥ 2 years of age; AND
- ii. The medication is prescribed by or in consultation with a rheumatologist; OR

B) Patient is Currently Receiving a Tocilizumab Intravenous or Subcutaneous Product. Approve for 1 year if the patient meets BOTH of the following (i and ii):

- i. Patient has been established on therapy for at least 6 months; AND
Note: A patient who has received < 6 months of therapy or who is restarting therapy with this medication is reviewed under criterion A (Initial Therapy).
- ii. Patient meets at least ONE of the following (a or b):
 - a) When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating the requested drug); OR
Note: Examples of objective measures include resolution of fever, improvement in rash or skin manifestations, clinically significant improvement or normalization of serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate), and/or reduced dosage of corticosteroids.
 - b) Compared with baseline (prior to initiating the requested drug), patient experienced an improvement in at least one symptom, such as less joint pain/tenderness, stiffness, or swelling; decreased fatigue; improved function or activities of daily living.

Dosing. Approve dosing that meets BOTH of the following (A and B):

A) Each individual dose must meet ONE of the following (i or ii):

- i. Patient is < 30 kg: Approve up to 12 mg/kg per dose; OR
- ii. Patient is ≥ 30 kg: Approve up to 8 mg/kg per dose.

B) There must be an interval of at least 1 week between doses.

Other Uses with Supportive Evidence

6. **Castleman Disease.** *[EviCore]* Approve for the duration noted if the patient meets ONE of the following (A or B):

A) Initial Approval. Approve for 6 months if the patient meets ALL of the following (i, ii, iii, and iv):

- i. Patient is ≥ 18 years of age; AND
- ii. Patient is negative for human immunodeficiency virus (HIV) and human herpesvirus-8 (HHV-8); AND
- iii. The medication is being used for relapsed or refractory disease; AND
- iv. The medication is prescribed by or in consultation with an oncologist or hematologist; OR

B) Patient is Currently Receiving a Tocilizumab Intravenous or Subcutaneous Product. Approve for 1 year if the patient meets BOTH of the following (i and ii):

- i. Patient has been established on therapy for at least 6 months; AND
Note: A patient who has received < 6 months of therapy or who is restarting therapy with this medication is reviewed under criterion A (Initial Therapy).
- ii. Patient meets at least ONE of the following (a or b):

- a) When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating the requested drug); OR
Note: Examples of objective measures include clinically significant improvement or normalization of serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate, fibrinogen, albumin, and/or hemoglobin), increased body mass index, and/or reduction in lymphadenopathy.
- b) Compared with baseline (prior to initiating the requested drug), patient experienced an improvement in at least one symptom, such as improvement or resolution of constitutional symptoms (e.g., fatigue, physical function).

Dosing. Approve dosing that meets BOTH of the following (A and B):

A) Approve up to 8 mg/kg per dose.

B) There must be an interval of at least 1 week between doses.

7. Inflammatory Arthritis Associated with Checkpoint Inhibitor Therapy. Approve for the duration noted if the patient meets ONE of the following (A or B):

Note: Examples of checkpoint inhibitors are Keytruda (pembrolizumab intravenous infusion), Opdivo (nivolumab intravenous infusion), Yervoy (ipilimumab intravenous infusion), Tecentriq (atezolizumab intravenous infusion), Bavencio (avelumab intravenous infusion), Imfinzi (durvalumab intravenous infusion), and Libtayo (cemiplimab-rwlc intravenous infusion).

A) Initial Therapy. Approve for 6 months if the patient meets ALL of the following (i, ii, iii, and iv):

i. Patient is ≥ 18 years of age; AND

ii. Patient is symptomatic despite a trial of at least ONE systemic corticosteroid; AND

Note: Examples of a corticosteroid include methylprednisolone and prednisone.

iii. Patient has tried at least ONE systemic nonsteroidal anti-inflammatory agent (NSAID); AND

Note: Examples of systemic NSAIDs include ibuprofen and naproxen.

iv. The medication is prescribed by or in consultation with a rheumatologist or an oncologist; OR

B) Patient is Currently Receiving a Tocilizumab Intravenous or Subcutaneous Product. Approve for 1 year if the patient meets BOTH of the following (i and ii):

i. Patient has been established on therapy for at least 6 months; AND

Note: A patient who has received < 6 months of therapy or who is restarting therapy with this medication is reviewed under criterion A (Initial Therapy).

ii. Patient meets at least ONE of the following (a or b):

a) When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating the requested drug); OR

Note: Examples of objective measures include clinically significant improvement or normalization of serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate) and/or reduced dosage of corticosteroids.

b) Compared with baseline (prior to initiating the requested drug), patient experienced an improvement in at least one symptom, such as less joint pain/tenderness, stiffness, or swelling; decreased fatigue; improved function or activities of daily living.

Dosing. Approve dosing that meets BOTH of the following (A and B):

A) Approve up to 8 mg/kg to a maximum of 800 mg per dose.

B) There must be an interval of at least 4 weeks between doses.

8. Polymyalgia Rheumatica. Approve for the duration noted if the patient meets ONE of the following (A or B):

- A) Initial Therapy. Approve for 6 months if the patient meets ALL of the following (i, ii, and iii):
- i. Patient is ≥ 18 years of age; AND
 - ii. Patient has tried one systemic corticosteroid; AND
Note: An example of a systemic corticosteroid is prednisone.
 - iii. The medication is prescribed by or in consultation with a rheumatologist; OR
- B) Patient is Currently Receiving a Tocilizumab Subcutaneous or Intravenous Product. Approve for 1 year if the patient meets BOTH of the following (i and ii):
- i. Patient has been established on therapy for at least 6 months; AND
Note: A patient who has received < 6 months of therapy or who is restarting therapy is reviewed under criterion A (Initial Therapy).
 - ii. Patient meets at least ONE of the following (a or b):
 - a) When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating a tocilizumab product); OR
Note: Examples of objective measures are serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate), resolution of fever, and/or reduced dosage of corticosteroids.
 - b) Compared with baseline (prior to initiating a tocilizumab product), patient experienced an improvement in at least one symptom, such as decreased shoulder, neck, upper arm, hip, or thigh pain or stiffness; improved range of motion; and/or decreased fatigue.

Dosing. Approve dosing that meets BOTH of the following (A and B):

- A) Approve up to 6 mg/kg to a maximum of 600 mg per dose; AND
- B) There must be an interval of at least 4 weeks between doses.

9. Still's Disease, Adult Onset. Approve for the duration noted if the patient meets the following criteria (A or B):

Note: Adult-onset Still's disease (AOSD) and systemic juvenile idiopathic arthritis (SJIA) are considered the same disease (Still's disease) but differ in age of onset. For a patient < 18 years of age, refer to the SJIA indication above.

- A) Initial Therapy. Approve for 6 months if the patient meets ALL of the following (i and ii):
- i. Patient is ≥ 18 years of age; AND
 - ii. The medication is prescribed by or in consultation with a rheumatologist; OR
- B) Patient is Currently Receiving a Tocilizumab Intravenous or Subcutaneous Product. Approve for 1 year if the patient meets BOTH of the following (i and ii):
- i. Patient has been established on this medication for at least 6 months; AND
Note: A patient who has received < 6 months of therapy or who is restarting therapy with this medication is reviewed under criterion A (Initial Therapy).
 - ii. Patient meets at least ONE of the following (a or b):
 - a) When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating the requested drug); OR
Note: Examples of objective measures include resolution of fever, improvement in rash or skin manifestations, clinically significant improvement or normalization of serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate), and/or reduced dosage of corticosteroids.

- b) Compared with baseline (prior to initiating the requested drug), patient experienced an improvement in at least one symptom, such as less joint pain/tenderness, stiffness, or swelling; decreased fatigue; improved function or activities of daily living.

Dosing. Approve dosing that meets BOTH of the following (A and B):

A) Approve up to 8 mg/kg per dose.

B) There must be an interval of at least 2 weeks between doses.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of a Tocilizumab Intravenous Product is not recommended in the following situations:

- 1. COVID-19 (Coronavirus Disease 2019).** Tocilizumab intravenous is only indicated in hospitalized adults with COVID who are receiving systemic corticosteroids and requiring supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO).^{1,12} For COVID-19, the dose is 8 mg/kg (to a maximum of 800 mg) given as a single intravenous infusion. A second dose may be administered at least 8 hours after the initial infusion if clinical signs or symptoms worsen or do not improve after the first dose.
- 2. Concurrent Use with a Biologic or with a Targeted Synthetic Oral Small Molecule Drug.** This medication should not be administered in combination with another biologic or with a targeted synthetic oral small molecule drug used for an inflammatory condition (see [Appendix](#) for examples). Combination therapy is generally not recommended due to a potentially higher rate of adverse events and lack of controlled clinical data supporting additive efficacy.
Note: This does NOT exclude the use of conventional synthetic disease-modifying antirheumatic drug (e.g., methotrexate, leflunomide, hydroxychloroquine, and sulfasalazine) in combination with this medication.
- 3. Crohn's Disease.** In a 12-week pilot study conducted in Japan, 36 adults with active Crohn's disease (Crohn's Disease Activity Index [CDAI] ≥ 150 and increased C-reactive protein) were randomized, in a double-blind fashion to tocilizumab 8 mg/kg intravenous every 2 weeks; or alternating infusions of tocilizumab 8 mg/kg every 4 weeks and placebo (i.e., alternating with placebo every 2 weeks), or to placebo every 2 weeks.¹³ At baseline the CDAI means ranged from 287 to 306. Patients had been treated with corticosteroids, mesalamine-type drugs, metronidazole, or elemental diet. Six patients in the placebo group, four patients on tocilizumab intravenous every 4 weeks and one patient on tocilizumab intravenous every 2 weeks dropped out. The mean reduction in the CDAI score in the tocilizumab 8 mg/kg every 2 week group was 88 points (from mean 306 to 218). Further studies are needed.
- 4.** Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Actemra® intravenous infusion [prescribing information]. South San Francisco, CA: Genentech; January 2024.
2. The NCCN Management of Immunotherapy-Related Toxicities Clinical Practice Guidelines in Oncology (version 1.2025 – December 20, 2024). © 2024 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on March 26, 2025.

3. Dejaco C, Ramiro S, Bond M, et al. EULAR recommendations for the use of imaging in large vessel vasculitis in clinical practice: 2023 update. *Ann Rheum Dis*. 2023;ard-2023-224543.
4. Tuckwell K, Collinson N, Dimonaco S, et al. Newly diagnosed vs. relapsing giant cell arteritis: baseline data from the GiACTA trial. *Semin Arthritis Rheum*. 2017;46(5):657-664.
5. Stone JH, Tuckwell K, Dimonaco S, et al. Trial of tocilizumab in giant-cell arteritis. *N Engl J Med*. 2017 ;377(4):317-328.
6. Onel KB, Horton DB, Lovell DJ, et al. 2021 American College of Rheumatology Guideline for the Treatment of Juvenile Idiopathic Arthritis: Therapeutic Approaches for Oligoarthritis, Temporomandibular Joint Arthritis, and Systemic Juvenile Idiopathic Arthritis. *Arthritis Care Res*. 2022 Apr;74(4):521-537.
7. Ringold S, Angeles-Han ST, Beukelman T, et al. 2019 American College of Rheumatology/Arthritis Foundation guideline for the treatment of juvenile idiopathic arthritis: therapeutic approaches for non-systemic polyarthritis, sacroiliitis, and enthesitis. *Arthritis Care Res (Hoboken)*. 2019;71(6):717-734.
8. Dejaco C, Singh YP, Perel P, et al. 2015 Recommendations for the management of polymyalgia rheumatica: a European League Against Rheumatism/American College of Rheumatology collaborative initiative. *Ann Rheum Dis*. 2015;74(10):1799-807.
9. Fraenkel L, Bathon JM, England BR, et al. 2021 American College of Rheumatology guideline for the treatment of rheumatoid arthritis. *Arthritis Rheumatol*. 2021;73(7):1108-1123.
10. Fautrel B, Mitrovic S, De Matteis A, et al. EULAR/PReS recommendations for the diagnosis and management of Still's disease, comprising systemic juvenile idiopathic arthritis and adult-onset Still's disease. *Ann Rheum Dis*. 2024;83(12):1614-1627.
11. The NCCN Castleman Disease Clinical Practice Guidelines in Oncology (version 2.2025 – January 28, 2025). © 2025 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on March 26, 2025.
12. Bhimraj A, Morgan RL, Shumaker AH, et al. Infectious Diseases Society of America Guidelines on the treatment and management of patients with COVID-19. August 12, 2024. Available at: <https://www.idsociety.org/COVID19guidelines>. Accessed April 02, 2025.
13. Ito H, Takazoe M, Fukuda Y, et al. A pilot randomized trial of a human anti-interleukin-6 receptor monoclonal antibody in active Crohn's disease. *Gastroenterology*. 2004;126:989-996.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	05/10/2023
Early Annual Revision	<p>Tyenne (biosimilar to Actemra Intravenous) was added to the policy with the same criteria as Actemra Intravenous. Policy was renamed as Inflammatory Conditions – Tocilizumab Intravenous Products. Throughout the policy, wording was changed from Actemra to tocilizumab.</p> <p>Systemic Juvenile Idiopathic Arthritis: The Note was revised to remove tumor necrosis factor inhibitors from the examples of other systemic therapies that could have been tried prior to Actemra subcutaneous.</p> <p>Still's Disease, Adult Onset: The condition was changed to as listed (previously was Still's Disease). Exceptions were added for a patient who, according to the prescriber, had moderate to severe active systemic features or active systemic features and concerns of progression to macrophage activation syndrome; a patient with these features is not required to try a corticosteroid or a disease-modifying antirheumatic drug prior to tocilizumab intravenous.</p> <p>Castleman Disease: For initial therapy, requirements were added that the patient is negative for the human immunodeficiency virus and human herpesvirus-8 and that the patient has relapsed or refractory disease.</p>	04/24/2024
Selected Revision	Tofidence intravenous was added to the policy with the same criteria as the other tocilizumab intravenous products.	06/06/2024
UCare P&T Review	Policy reviewed and approved by UCare P&T committee. Annual review process	09/16/2024
UCare Revision	UCare added a preferred biosimilar step to the current policy effective 1/1/2025 with Tyenne being the preferred biosimilar product before use of Actemra and Tofidence. This will be for patients New to Therapy only.	10/10/2024

Annual Revision	<p>Updated policy statement to indicate that the acute treatment of COVID-19 in hospitalized patients is not addressed in this policy.</p> <p>Cytokine Release Syndrome Associated with Chimeric Antigen Receptor (CAR) T-Cell Therapy: Aucatzyl (obecabtagene autoleucl) and Carvykti (ciltacabtagene autoleucl) were added to the Note as examples of CAR T-cell therapy.</p> <p>Still's Disease, Adult Onset: Added a Note that a previous trial of one biologic (e.g., Ilaris [canakinumab subcutaneous injection], Kineret [anakinra subcutaneous injection]) other than the requested drug also counts towards a trial of one other conventional systemic agent for Still's disease. A biosimilar of the requested biologic does not count.</p> <p>Conditions Not Recommended for Approval: Treatment of COVID-19 in a non-hospitalized patient was changed to more generally state COVID-19.</p>	04/23/2025
UCare Update	<p>Updated step therapy criteria to require clinical need for non-preferred product over the preferred products including chart note documentation to support the need for a non-preferred product.</p>	05/08/2025
Selected Revision	<p>Giant Cell Arteritis: The requirement that the patient has tried one systemic corticosteroid was changed to now specify the patient has tried or currently is taking a systemic corticosteroid, unless a systemic corticosteroid is contraindicated.</p> <p>Systemic Juvenile Idiopathic Arthritis: The following Note was added "Systemic juvenile idiopathic arthritis (SJIA) and adult-onset Still's disease (AOSD) are considered the same disease (Still's disease) but differ in age of onset. For a patient ≥ 18 years of age, refer to AOSD indication." Additionally, the requirement for a previous trial of one other systemic therapy was removed.</p> <p>Still's Disease, Adult-Onset: The following Note was added "Adult-onset Still's disease (AOSD) and systemic juvenile idiopathic arthritis (SJIA) are considered the same disease (Still's disease) but differ in age of onset. For a patient < 18 years of age, refer to the SJIA indication". Additionally, for initial therapy, the following requirements were removed: "Patient has tried one corticosteroid and had an inadequate response to one conventional synthetic disease-modifying antirheumatic drug" and "According to the prescriber, patient has at least moderate to severe active systemic features of this condition or active systemic features with concerns of progression to macrophage activation syndrome."</p>	06/11/2025

APPENDIX

	Mechanism of Action	Examples of Indications*
Biologics		
Adalimumab SC Products (Humira®, biosimilars)	Inhibition of TNF	AS, CD, JIA, PsO, PsA, RA, UC
Cimzia® (certolizumab pegol SC injection)	Inhibition of TNF	AS, CD, nr-axSpA, PsO, PsA, RA
Etanercept SC Products (Enbrel®, biosimilars)	Inhibition of TNF	AS, JIA, PsO, PsA, RA
Infliximab IV Products (Remicade®, biosimilars)	Inhibition of TNF	AS, CD, PsO, PsA, RA, UC
Zymfentra® (infliximab-dyyb SC injection)	Inhibition of TNF	CD, UC
Simponi®, Simponi Aria® (golimumab SC injection, golimumab IV infusion)	Inhibition of TNF	SC formulation: AS, PsA, RA, UC IV formulation: AS, PJIA, PsA, RA
Tocilizumab Products (Actemra® IV, biosimilar; Actemra SC, biosimilar)	Inhibition of IL-6	SC formulation: PJIA, RA, SJIA IV formulation: PJIA, RA, SJIA
Kevzara® (sarilumab SC injection)	Inhibition of IL-6	RA
Orencia® (abatacept IV infusion, abatacept SC injection)	T-cell costimulation modulator	SC formulation: JIA, PSA, RA IV formulation: JIA, PsA, RA
Rituximab IV Products (Rituxan®, biosimilars)	CD20-directed cytolytic antibody	RA
Kineret® (anakinra SC injection)	Inhibition of IL-1	JIA [^] , RA
Omvoh® (mirikizumab IV infusion, SC injection)	Inhibition of IL-23	CD, UC
Ustekinumab Products (Stelara® IV, biosimilars; Stelara SC, biosimilars)	Inhibition of IL-12/23	SC formulation: CD, PsO, PsA, UC IV formulation: CD, UC
Siliq® (brodalumab SC injection)	Inhibition of IL-17	PsO
Cosentyx® (secukinumab SC injection; secukinumab IV infusion)	Inhibition of IL-17A	SC formulation: AS, ERA, nr-axSpA, PsO, PsA IV formulation: AS, nr-axSpA, PsA
Taltz® (ixekizumab SC injection)	Inhibition of IL-17A	AS, nr-axSpA, PsO, PsA
Bimzelx® (bimekizumab-bkzx SC injection)	Inhibition of IL-17A/17F	PsO, AS, nr-axSpA, PsA
Ilumya® (tildrakizumab-asmn SC injection)	Inhibition of IL-23	PsO
Skyrizi® (risankizumab-rzaa SC injection, risankizumab-rzaa IV infusion)	Inhibition of IL-23	SC formulation: CD, PSA, PsO, UC IV formulation: CD, UC
Tremfya® (guselkumab SC injection, guselkumab IV infusion)	Inhibition of IL-23	SC formulation: CD, PsA, PsO, UC IV formulation: CD, UC
Entyvio® (vedolizumab IV infusion, vedolizumab SC injection)	Integrin receptor antagonist	CD, UC
Oral Therapies/Targeted Synthetic Oral Small Molecule Drugs		
Otezla® (apremilast tablets)	Inhibition of PDE4	PsO, PsA
Cibinqo™ (abrocitinib tablets)	Inhibition of JAK pathways	AD
Olumiant® (baricitinib tablets)	Inhibition of JAK pathways	RA, AA
Litfulo® (ritdecitinib capsules)	Inhibition of JAK pathways	AA
Legselvi® (deuruxolitinib tablets)	Inhibition of JAK pathways	AA
Rinvoq® (upadacitinib extended-release tablets)	Inhibition of JAK pathways	AD, AS, nr-axSpA, RA, PsA, UC
Rinvoq® LQ (upadacitinib oral solution)	Inhibition of JAK pathways	PsA, PJIA
Sotyktu® (deucravacitinib tablets)	Inhibition of TYK2	PsO
Xeljanz® (tofacitinib tablets/oral solution)	Inhibition of JAK pathways	RA, PJIA, PsA, UC
Xeljanz® XR (tofacitinib extended-release tablets)	Inhibition of JAK pathways	RA, PsA, UC
Zeposia® (ozanimod tablets)	Sphingosine 1 phosphate receptor modulator	UC
Velsipity® (etrasimod tablets)	Sphingosine 1 phosphate receptor modulator	UC

* Not an all-inclusive list of indications. Refer to the prescribing information for the respective agent for FDA-approved indications; SC – Subcutaneous; TNF – Tumor necrosis factor; AS – Ankylosing spondylitis; CD – Crohn’s disease; JIA – Juvenile idiopathic arthritis; PsO – Plaque psoriasis; PsA – Psoriatic arthritis; RA – Rheumatoid arthritis; UC – Ulcerative colitis; nr-axSpA – Non-radiographic axial spondyloarthritis; IV – Intravenous, PJIA – Polyarticular juvenile idiopathic arthritis; IL – Interleukin; SJIA – Systemic juvenile idiopathic arthritis; [^] Off-label use of Kineret in JIA supported in guidelines; ERA – Enthesitis-related arthritis; DMARD – Disease-modifying antirheumatic drug; PDE4 – Phosphodiesterase 4; JAK – Janus kinase; AD – Atopic dermatitis; AA – Alopecia areata; TYK2 – Tyrosine kinase 2.