

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

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

**EFFECTIVE DATE:** 1/1/2021

**LAST REVISION DATE:** 09/16/2024

**COVERAGE CRITERIA FOR:** All Aspirus Medicare Plans

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**OVERVIEW**

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

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).
2. **Cytokine release syndrome**, in patients  $\geq 2$  years of age with severe or life-threatening disease associated with chimeric antigen receptor (CAR) T-cell therapy.
3. **Giant cell arteritis** in adults.
4. **Polyarticular juvenile idiopathic arthritis**, for the treatment of active disease in patients  $\geq 2$  years of age.
5. **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).
6. **Systemic juvenile idiopathic arthritis**, for the treatment of active disease in patients  $\geq 2$  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.<sup>1</sup> 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).

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### **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 1.2024 – December 7, 2023) give specific recommendations for use of tocilizumab in the management of inflammatory arthritis, cytokine release syndrome, and CAR T-cell-related toxicities.<sup>6</sup>
  - 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 and Polymyalgia Rheumatica:** 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.<sup>25</sup> 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.<sup>31,32</sup> 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.<sup>31</sup> 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.<sup>7</sup> 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.

- **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.<sup>9</sup>
- **Systemic Juvenile Idiopathic Arthritis:** Guidelines for the treatment of JIA from the ACR (2021) address systemic juvenile idiopathic arthritis (SJIA).<sup>8</sup> A brief trial of NSAIDs and/or an interleukin (IL)-1 or IL-6 inhibitor are recommended as initial monotherapy for patients with SJIA without macrophage activation syndrome. In a patient who presents with macrophage activation syndrome, an IL-1 or IL-6 blocker and/or systemic glucocorticoids are recommended.
- **Castleman’s Disease:** The NCCN clinical practice guidelines for Castleman Disease (version 1.2024 – January 18, 2024) mention tocilizumab as a second-line therapy for relapsed or refractory unicentric Castleman disease in patients who are negative for the human immunodeficiency virus and human herpesvirus-8.<sup>10</sup> For multicentric Castleman’s disease, the guidelines list tocilizumab as a subsequent therapy for relapsed, refractory, or progressive disease.
- **COVID-19 (Coronavirus Disease 2019):** By inhibiting IL-6, tocilizumab is speculated to be associated with better clinical outcomes in COVID-19, such as decreased systemic inflammation, improved survival rate, better hemodynamics, and improvement of respiratory distress.<sup>24</sup>
- **Still’s Disease:** Still’s disease presents in adults with features similar to those of SJIA.<sup>11</sup> Tocilizumab IV has been effective in reducing fever, symptoms, and markers of inflammation in patients who were refractory to treatment with prednisone, methotrexate, Kineret, and/or a tumor necrosis factor inhibitor.<sup>11-20</sup>

#### **POLICY STATEMENT**

Prior Authorization is recommended for medical benefit coverage of tocilizumab intravenous products. 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](http://www.eviCore.com).*

**Automation:** None.

## RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Tocilizumab Intravenous Products is recommended in those who meet one of the following criteria:

### FDA-Approved Indications

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**1. COVID-19 (Coronavirus Disease 2019) – Hospitalized Patient.** For a patient who is hospitalized, forward all requests to the Medical Director. For a non-hospitalized patient, do not approve (refer to Conditions Not Recommended for Approval – COVID-19 – Non-Hospitalized Patient). Tocilizumab intravenous is indicated for COVID-19 only in hospitalized adults who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO).<sup>1</sup> 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.

Note: This includes requests for cytokine release syndrome in a patient hospitalized with COVID-19.

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**2. 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), Breyanzi (lisocabtagene maraleucel 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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**3. 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 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.

**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.

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**4. 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  $\geq 2$  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.

**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.

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**5. 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.
- 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.

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**6. Systemic 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  $\geq 2$  years of age; AND
  - ii. The patient has tried one other systemic therapy for this condition; AND  
Note: Examples of other systemic therapies include a corticosteroid (oral, intravenous), a conventional synthetic disease-modifying antirheumatic drug (DMARD) [e.g., methotrexate, leflunomide, sulfasalazine], a 1-month trial of a nonsteroidal anti-inflammatory drug (NSAID), Kineret (anakinra subcutaneous injection), or Ilaris (canakinumab subcutaneous injection). A biosimilar of Actemra does not count.
  - iii. The medication is prescribed by or in consultation with a rheumatologist.
- 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

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**7. 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 the 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.
- 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.

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**8. 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  $\geq 18$  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.

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.

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**9. 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  $\geq 18$  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.

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.

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

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- A) Initial Therapy.** Approve for 6 months if the patient meets ALL of the following (i, ii, and iii):
- i.** Patient is  $\geq 18$  years of age; AND
  - ii.** Patient meets ONE of the following (a, b, or c):
    - a)** Patient meets BOTH of the following [(1) and (2)]:
      - (1)** Patient has tried one corticosteroid; AND
      - (2)** Patient has tried one conventional synthetic disease-modifying antirheumatic drug (DMARD) such as methotrexate given for at least 2 months or was intolerant to a conventional synthetic DMARD; OR
    - b)** Patient has at least moderate to severe active systemic features of this condition, according to the prescriber; OR  
Note: Examples of moderate to severe active systemic features include fever, rash, lymphadenopathy, hepatomegaly, splenomegaly, and serositis.
    - c)** Patient has active systemic features with concerns of progression to macrophage activation syndrome, as determined by the prescriber; AND
  - ii.** The medication is prescribed by or in consultation with a rheumatologist.
- 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.

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**CONDITIONS NOT RECOMMENDED FOR APPROVAL**

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

- 1. COVID-19 (Coronavirus Disease 2019) – Non-Hospitalized Patient.** 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).<sup>1</sup> 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]  $\geq$  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.<sup>23</sup> 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.
- 3. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria.** Criteria will be updated as new published data are available.

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**HISTORY**

<b>Type of Revision</b>	<b>Summary of Changes</b>	<b>Review Date</b>
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><b>Systemic Juvenile Idiopathic Arthritis:</b> 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><b>Still’s Disease, Adult Onset:</b> 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><b>Castleman Disease:</b> 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
Selected Revision	<p><b>Cytokine Release Syndrome Associated with Chimeric Antigen Receptor (CAR) T-Cell Therapy:</b> A Note regarding Coronavirus Disease 2019 was removed (no longer needed).</p> <p><b>Giant Cell Arteritis:</b> For initial approvals, a requirement that the patient is <math>\geq 18</math> years of age was added.</p> <p><b>Polyarticular Juvenile Idiopathic Arthritis:</b> For initial approvals, a requirement that the patient is <math>\geq 2</math> years of age was added.</p> <p><b>Rheumatoid Arthritis:</b> For initial approvals, a requirement that the patient is <math>\geq 18</math> years of age was added.</p> <p><b>Systemic Juvenile Idiopathic Arthritis:</b> For initial approvals, a requirement that the patient is <math>\geq 2</math> years of age was added.</p>	09/11/2024

	<p><b>Castleman Disease:</b> For initial approvals, a requirement that the patient is <math>\geq 18</math> years of age was added.</p> <p><b>Immunotherapy-Related Toxicities Associated with Checkpoint Inhibitor Therapy:</b> For initial approvals, a requirement that the patient is <math>\geq 18</math> years of age was added.</p> <p><b>Polymyalgia Rheumatica:</b> For initial approvals, a requirement that the patient is <math>\geq 18</math> years of age was added.</p> <p><b>Still’s Disease, Adult Onset:</b> For initial approvals, a requirement that the patient is <math>\geq 18</math> years of age was added.</p> <p><b>Conditions Not Recommended for Approval:</b> Concurrent use with a Biologic or with a Targeted Synthetic Oral Small Molecule Drug was changed to as listed (previously oral small molecule drug was listed as Disease-Modifying Antirheumatic Drug).</p>	
<p>Aspirus P&amp;T Review</p>	<p>Policy reviewed and approved by Aspirus P&amp;T committee. Annual review process</p>	<p>09/16/2024</p>



**APPENDIX**

	<b>Mechanism of Action</b>	<b>Examples of Inflammatory Indications*</b>
<b>Biologics</b>		
<b>Adalimumab SC Products</b> (Humira®, biosimilars)	Inhibition of TNF	AS, CD, JIA, PsO, PsA, RA, UC
<b>Cimzia®</b> (certolizumab pegol SC injection)	Inhibition of TNF	AS, CD, nr-axSpA, PsO, PsA, RA
<b>Etanercept SC Products</b> (Enbrel®, biosimilars)	Inhibition of TNF	AS, JIA, PsO, PsA
<b>Zymfentra®</b> (infliximab-dyyb SC injection)	Inhibition of TNF	CD, UC
<b>Infliximab IV Products</b> (Remicade®, biosimilars)	Inhibition of TNF	AS, CD, PsO, PsA, RA, UC
<b>Simponi®, Simponi® Aria™</b> (golimumab SC injection, golimumab IV infusion)	Inhibition of TNF	SC formulation: AS, PsA, RA, UC IV formulation: AS, PJIA, PsA, RA
<b>Actemra®</b> (tocilizumab IV infusion, tocilizumab SC injection; biosimilar)	Inhibition of IL-6	SC formulation: PJIA, RA, SJIA IV formulation: PJIA, RA, SJIA
<b>Kevzara®</b> (sarilumab SC injection)	Inhibition of IL-6	RA, PMR
<b>Orencia®</b> (abatacept IV infusion, abatacept SC injection)	T-cell costimulation modulator	SC formulation: JIA, PSA, RA IV formulation: JIA, PsA, RA
<b>Rituximab IV Products</b> (Rituxan®, biosimilars)	CD20-directed cytolytic antibody	RA
<b>Kineret®</b> (anakinra SC injection)	Inhibition of IL-1	JIA <sup>^</sup> , RA
<b>Stelara®</b> (ustekinumab SC injection, ustekinumab IV infusion)	Inhibition of IL-12/23	SC formulation: CD, PsO, PsA, UC IV formulation: CD, UC
<b>Siliq™</b> (brodalumab SC injection)	Inhibition of IL-17RA	PsO
<b>Bimzelx®</b> (bimekizumab-bkzx SC injection)	Inhibition of IL-17A and IL-17F	PsO
<b>Cosentyx®</b> (secukinumab SC injection, secukinumab IV infusion)	Inhibition of IL-17A	SC formulation: AS, ERA, nr-axSpA, PsO, PsA IV formulation: AS, nr-axSpA, PsA
<b>Taltz®</b> (ixekizumab SC injection)	Inhibition of IL-17A	AS, nr-axSpA, PsO, PsA
<b>Ilumya™</b> (tildrakizumab-asmn SC injection)	Inhibition of IL-23	PsO
<b>Skyrizi®</b> (risankizumab-rzaa SC injection, risankizumab-rzaa IV infusion)	Inhibition of IL-23	SC formulation: CD, PSA, PsO IV formulation: CD
<b>Tremfya™</b> (guselkumab SC injection)	Inhibition of IL-23	PsO
<b>Entyvio™</b> (vedolizumab IV infusion, vedolizumab SC injection)	Integrin receptor antagonist	SC formulation: UC IV formulation: CD, UC
<b>Oral Therapies/Targeted Synthetic DMARDs</b>		
<b>Otezla®</b> (apremilast tablets)	Inhibition of PDE4	PsO, PsA
<b>Cibinqo™</b> (abrocitinib tablets)	Inhibition of JAK pathways	AD
<b>Olumiant®</b> (baricitinib tablets)	Inhibition of JAK pathways	RA
<b>Rinvoq®</b> (upadacitinib extended-release tablets)	Inhibition of JAK pathways	AD, AS, nr-axSpA, RA, PsA, UC
<b>Sotyktu™</b> (deucravacitinib tablets)	Inhibition of TYK2	PsO
<b>Xeljanz®</b> (tofacitinib tablets)	Inhibition of JAK pathways	RA, PJIA, PsA, UC
<b>Xeljanz® XR</b> (tofacitinib extended-release tablets)	Inhibition of JAK pathways	RA, PsA, UC

\* Not an all-inclusive list of indications (e.g., oncology indications and rare inflammatory conditions are not listed). 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; PMR – Polymyalgia rheumatic; <sup>^</sup> Off-label use of Kineret in JIA supported in guidelines; ERA – Entesitis-related arthritis; DMARD – Disease-modifying antirheumatic drug; PDE4 – Phosphodiesterase 4; JAK – Janus kinase; AD – Atopic dermatitis; TYK2 – Tyrosine kinase 2.