SPECIALTY GUIDELINE MANAGEMENT

ACTEMRA (tocilizumab)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indications
1. Moderately to severely active rheumatoid arthritis
2. Active polyarticular juvenile idiopathic arthritis
3. Active systemic juvenile idiopathic arthritis
4. Giant cell arteritis

B. Compendial Uses
1. Unicentric Castleman's disease
2. Multicentric Castleman's disease

All other indications are considered experimental/investigational and are not a covered benefit.

II. CRITERIA FOR INITIAL APPROVAL

A. Moderately to severely active rheumatoid arthritis (RA)

1. Authorization of 24 months may be granted for members who have received Actemra or any other biologic DMARD or targeted synthetic DMARD (e.g., Xeljanz) indicated for moderately to severely active rheumatoid arthritis in a paid claim through a pharmacy or medical benefit within the previous 120 days of the initial request for Actemra.

2. Authorization of 24 months may be granted for treatment of moderately to severely active RA when any of the following criteria is met:
   a. Member has experienced an inadequate response to at least a 3-month trial of methotrexate despite adequate dosing (i.e., titrated to 20 mg/week).
   b. Member has an intolerance or contraindication to methotrexate (see Appendix).

B. Active Polyarticular Juvenile Idiopathic Arthritis (pJIA)

1. Authorization of 24 months may be granted for members who have received Actemra or Orencia in a paid claim through a pharmacy or medical benefit within the previous 120 days of the initial request for Actemra.

2. Authorization of 24 months may be granted for treatment of active pJIA when any of the following criteria is met:
   a. Member has experienced an inadequate response to at least a 3-month trial of a TNF inhibitor (e.g., Enbrel, Humira, or Remicade).
   b. Member has experienced an intolerable adverse event or has contraindication to a TNF inhibitor.

C. Active Systemic Juvenile Idiopathic Arthritis (sJIA)

1. Authorization of 24 months may be granted for members who have received Actemra or Kineret in a paid claim through a pharmacy or medical benefit within the previous 120 days of the initial request for Actemra.