Commercial/Healthcare Exchange PA Criteria

Effective: April 2010

Prior Authorization: Actemra

Products Affected: Actemra (tocilizumab) subcutaneous solution

Medication Description: Tocilizumab is an interleukin-6 (IL-6) receptor inhibitor that binds specifically to both the soluble and membrane-bound IL-6 receptors and has been shown to inhibit IL-6 mediated signaling via these receptors. IL-6 is produced by a variety of cell types including synovial and endothelial cells leading to local production of IL-6 in joints affected by inflammatory processes such as rheumatoid arthritis.

Covered Uses:

1. Treatment of active polyarticular juvenile idiopathic arthritis.
2. Treatment of adults with moderately to severely active rheumatoid arthritis (RA) who have had an inadequate response to one or more Disease-Modifying Anti-Rheumatic Drugs.
3. Treatment of giant cell arteritis.

Exclusion Criteria: N/A

Required Medical Information:

1. Diagnosis
2. Previous medications tried/failed

Age Restrictions:

1. Polyarticular juvenile idiopathic arthritis: 2 years of age and older
2. Rheumatoid arthritis and Giant cell arteritis: 18 years of age and older

Prescriber Restrictions: Must be prescribed by, or in consultation with, a rheumatologist

Coverage Duration:

Giant cell arteritis
Initial: 6 months
Continuation: 3 years

Polyarticular Juvenile Idiopathic Arthritis
Initial: 4 months
Continuation: 3 years

Rheumatoid Arthritis
Initial: 3 months
Continuation: 3 years

Other Criteria:

Dosing Limitations:

Subcutaneous Adult Dosage Regimen (Rheumatoid Arthritis)

1. ***For patients weighing 100 kg or less, the recommended dose is 162 mg administered subcutaneously every other week, followed by an increase to every week based on clinical response.***
2. ***For patients weighing more than 100kg, the recommended dose is 162 mg administered subcutaneously every week.***

Subcutaneous Dosage Regimen in patients 2 years of age and older (Polyarticular Juvenile Idiopathic Arthritis)

1. ***For patients weighing less than 30kg, the recommended dose is 162mg once every 3 weeks.***
2. ***For patients weighing more than 30kg, the recommended dose is 162 mg once every 2 weeks.***

Subcutaneous Dosage Regimen in patients 2 years of age and older (Systemic Juvenile Idiopathic Arthritis)

1. ***For patients weighing less than 30kg, the recommended dose is 162mg once every two weeks.***
2. ***For patients weighing more than 30kg, the recommended dose is 162mg once every week.***

Subcutaneous Adult Dosage Regimen (Giant Cell Arteritis)

For patients with Giant Cell Arteritis, Actemra may be used alone or in combination with glucocorticoids. The recommended dose is 162 mg subcutaneously once every week (in combination with a tapering course of glucocorticoids), or based on clinical considerations, may consider 162 mg subcutaneously once every other week

Initiation:

Rheumatoid Arthritis

*Note: Actemra is a preferred product for Rheumatoid Arthritis and does not require the use of Humira first

A. Patient has documented failure or intolerance to an adequate trial of NSAID/COX-2 or steroid therapy; **AND**
B. Patient has documented failure or intolerance to an adequate trial (at least 3 months) of ONE DMARD (e.g., methotrexate [oral or injectable], leflunomide, and sulfasalazine); A**ND**

Juvenile Idiopathic Arthritis

A. The patient has documented failure or intolerance to an adequate trial of NSAID/COX-2 or steroid therapy; **AND**
B. Patient has documented failure or intolerance to an adequate trial (at least 3 months) of ONE DMARD (e.g., methotrexate [oral or injectable], leflunomide, and sulfasalazine); AND
C. Patient has documented intolerance to, or treatment failure of Humira

Giant Cell Arteritis

A. The patient has tried one systemic corticosteroid (e.g., prednisone); AND
B. Actemra SC is prescribed by or in consultation with a rheumatologist.

Continuation:

Rheumatoid Arthritis, Juvenile Idiopathic Arthritis, Giant Cell Arteritis

A. Patient meets all initial authorization criteria; **AND**
B. Patient achieves or maintains a positive clinical response after at least 3 months of therapy with Actemra as evidenced by low disease activity or improvement in signs and symptoms of the condition.

*ConnectiCare does not consider alcohol use to be a clinical reason to use Actemra over methotrexate.

References:

1. Actemra® full prescribing information. San Francisco, CA Genentech, Inc

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	01/01/2019
2	Update	Update	Coverage Duration: Continuation Update to 3 years	7/1/2019
3	Update	CCI Adopted EH Template & Policy; CCI P&T Review History:4/10, 9/10, 12/11, 10/12, 10/13, 10/14, 11/15, 11/16, 8/17, 11/17, 11/18 CCI Revision Record: 10/10, 4/11, 11/12, 5/13, 12/13, 9/14, 2/16, 11/16, 8/17, 11/17, 11/18, 1/19	All	11/21/2019
4	Update	Added Dosing Limitations according to FDA label	Other Criteria	5/5/2020