Tocilizumab Intravenous (Actemra®, Avtozma®, Tyenne®, Tofidence™)

When requesting a tocilizumab intravenous product for non-oncology indications, the individual requiring treatment must be diagnosed with one of the following FDA-approved indications or off-label compendial uses and meet the specific coverage guidelines and applicable safety criteria for the covered indication.

FDA-Approved Non-oncology Indications

Tocilizumab Intravenous is indicated for the treatment of:

- Rheumatoid arthritis (RA)
- Polyarticular juvenile idiopathic arthritis (pJIA)
- Systemic juvenile idiopathic arthritis (sJIA)
- Giant cell arteritis (GCA)

Approved Non-oncology Off-label Compendial Uses

- Still's disease, adult onset
- Polymyalgia rheumatica (PMR)
- Immunotherapy-related toxicities associated with checkpoint inhibitor therapy
- Graft-versus-host disease

Coverage Guidelines

Rheumatoid Arthritis (RA)

The individual must meet the following criteria for initial authorization:

- Is 18 years of age or older;
- Had a 3-month trial of one of the following:
    - At least one biologic agent; OR
    - At least one conventional synthetic disease-modifying antirheumatic drug (DMARD) (e.g., methotrexate, leflunomide, sulfasalazine, and hydroxychloroquine);
- Tocilizumab intravenous is prescribed by or in consultation with a rheumatologist.

The individual must meet the following criteria for re-authorization:

- Has been established on tocilizumab intravenous or subcutaneous therapy for at least 6 months *(Note: A patient who has received < 6 months of therapy, or who is restarting therapy, is reviewed under initial authorization criteria.)*;
- Meets one of the following:

- Has experienced a beneficial clinical response from baseline when assessed by at least one objective measure (e.g., Clinical Disease Activity Index [CDAI], Patient Activity Scale [PAS]-II, Rapid Assessment of Patient Index Data 3 [RAPID-3], Simplified Disease Activity Index [SDAI], etc.); OR
- Has experienced an improvement in at least one symptom compared to baseline (e.g., decreased joint pain, morning stiffness, or fatigue; improved function or activities of daily living; decreased soft tissue swelling in joints).

Polyarticular Juvenile Idiopathic Arthritis (pJIA)

The individual must meet the following criteria for initial authorization:

- Is 2 years of age or older;
- Meets one of the following:
  - Has tried at least one other systemic therapy for this condition (e.g., etanercept, adalimumab, methotrexate, sulfasalazine, leflunomide, or nonsteroidal anti-inflammatory drug [NSAID]); OR
  - Tocilizumab intravenous will be started concurrently with methotrexate, leflunomide, or sulfasalazine; OR
  - Has an absolute contraindication to methotrexate, leflunomide, or sulfasalazine (e.g., pregnancy, breast feeding, alcoholic liver disease, immunodeficiency syndrome, blood dyscrasias); OR
  - Has aggressive disease;
- Tocilizumab intravenous is prescribed by or in consultation with a rheumatologist.

The individual must meet the following criteria for re-authorization:

- Has been established on tocilizumab intravenous or subcutaneous therapy for at least 6 months *(Note: A patient who has received < 6 months of therapy, or who is restarting therapy, is reviewed under initial authorization criteria.)*;
- Meets one of the following:
  - Has experienced a beneficial clinical response from baseline when assessed by at least one objective measure (e.g., Physician Global Assessment [MD Global], Parent/Patient Global Assessment of Overall Well-being [PGA], Juvenile Arthritis Disease Activity Score [JDAS], serum markers [e.g., C-reactive protein], and/or reduced dosage of corticosteroids); OR
  - Has experienced an improvement in at least one symptom compared to baseline (e.g., less joint pain or tenderness, decreased duration of morning stiffness or fatigue, improved function or activities of daily living).

Systemic Juvenile Idiopathic Arthritis (sJIA)

The individual must meet both of the following criteria for initial authorization*:*

- Is 2 years of age or older;
- Tocilizumab intravenous is prescribed by or in consultation with a rheumatologist.

The individual must meet the following criteria for re-authorization:

- Has been established on tocilizumab intravenous or subcutaneous therapy for at least 6 months *(Note: A patient who has received < 6 months of therapy, or who is restarting therapy, is reviewed under initial authorization criteria.)*;
- Meets one of the following:
    - Has experienced a beneficial clinical response from baseline when assessed by at least one objective measure (e.g., serum markers [e.g., C-reactive protein, erythrocyte sedimentation rate], improvement in rash or skin manifestations, resolution of fever, and/or reduced dosage of corticosteroids); OR
    - Has experienced an improvement in at least one symptom compared to baseline (e.g., less joint pain, tenderness, stiffness, swelling; decreased fatigue; and/or improved function or activities of daily living).

Giant Cell Arteritis (GCA)

The individual must meet all of the following criteria for initial authorization:
- Is 18 years of age or older;
- Has tried or is currently taking a systemic corticosteroid (e.g., prednisone) unless contraindicated;
- Tocilizumab intravenous is prescribed by or in consultation with a rheumatologist.

The individual must meet the following criteria for re-authorization:
- Has been established on tocilizumab intravenous or subcutaneous therapy for at least 6 months *(Note: A patient who has received < 6 months of therapy, or who is restarting therapy, is reviewed under initial authorization criteria.)*;
- Meets one of the following:
    - Has experienced a beneficial clinical response from baseline when assessed by at least one objective measure (e.g., C-reactive protein, erythrocyte sedimentation rate, resolution of fever, and/or reduced dosage of corticosteroids); OR
    - Has experienced an improvement in at least one symptom compared to baseline (e.g., decreased headache, decreased scalp or jaw pain, decreased fatigue, and/or improved vision).

Still's Disease, Adult Onset

The individual must meet both of the following criteria for initial authorization:
- Is 18 years of age or older;
- Tocilizumab intravenous is prescribed by or in consultation with a rheumatologist.

The individual must meet the following criteria for re-authorization:
- Has been established on tocilizumab intravenous or subcutaneous therapy for at least 6 months *(Note: A patient who has received < 6 months of therapy, or who is restarting therapy, is reviewed under initial authorization criteria.)*;

- Meets one of the following:
    - Has experienced a beneficial clinical response from baseline when assessed by at least one objective measure (e.g., C-reactive protein, erythrocyte sedimentation rate, improvement in rash or skin manifestations, resolution of fever, and/or reduced dosage of corticosteroids); OR
    - Has experienced an improvement in at least one symptom compared to baseline (e.g., less joint pain/tenderness, less stiffness, decreased fatigue, improved function or activities of daily living).

Polymyalgia Rheumatica (PMR)

The individual must meet the following criteria for initial authorization:
- Is 18 years of age or older;
- Has tried one systemic corticosteroid (e.g., prednisone);
- Tocilizumab intravenous is prescribed by or in consultation with a rheumatologist.

The individual must meet the following criteria for re-authorization:
- Has been established on tocilizumab intravenous or subcutaneous therapy for at least 6 months *(Note: A patient who has received < 6 months of therapy, or who is restarting therapy, is reviewed under initial authorization criteria.)*;
- Meets one of the following:
    - Has experienced a beneficial clinical response from baseline when assessed by at least one objective measure (e.g., C-reactive protein, erythrocyte sedimentation rate, resolution of fever, and/or reduced dosage of corticosteroids); OR
    - Has experienced an improvement in at least one symptom compared to baseline (e.g., decreased shoulder, neck, upper arm, hip, or thigh pain, improved range of motion, decreased fatigue, or decreased stiffness).

Immunotherapy-Related Toxicities Associated with Checkpoint Inhibitor Therapy

The individual must meet all of the following criteria for initial authorization:
- Is 18 years of age or older;
- Has developed an immunotherapy-related toxicity while receiving a checkpoint inhibitor;
- Is symptomatic despite a trial of at least one systemic corticosteroid (e.g., methylprednisolone, prednisone);
- Tocilizumab intravenous is prescribed by or in consultation with a rheumatologist, hepatologist, gastroenterologist, pulmonologist, or oncologist.

The individual must meet the following criteria for re-authorization:
- Has been established on tocilizumab intravenous therapy for at least 6 months *(Note: A patient who has received < 6 months of therapy, or who is restarting therapy, is reviewed under initial authorization criteria.)*;
- Meets one of the following:

- Has experienced a beneficial clinical response from baseline when assessed by at least one objective measure (e.g., improvement or normalization of serum markers [e.g., C-reactive protein, erythrocyte sedimentation rate], laboratory parameters [e.g., liver function tests], and/or reduced dosage of corticosteroids); OR
- Has experienced an improvement in at least one symptom compared to baseline (e.g., less joint pain/tenderness, less swelling, decreased fatigue, and/or improved function or activities of daily living).

Graft-versus-Host Disease

The individual must meet all of the following criteria for initial authorization:
- Is 18 years of age or older;
- Has acute graft-versus-host disease;
- Has tried at least one systemic medication for graft-versus-host disease (e.g., corticosteroids, cyclosporine, tacrolimus, mycophenolate mofetil, Jakafi [ruxolitinib], Simulect [basiliximab], Nipent, Entyvio [vedolizumab], etanercept)
- Tocilizumab intravenous is prescribed by or in consultation with an oncologist, hematologist, or a physician affiliated with a transplant center.

The individual must meet both of the following criteria for re-authorization:
- Has been established on tocilizumab intravenous therapy for at least 1 month *(Note: A patient who has received < 1 month of therapy, or who is restarting therapy, is reviewed under initial authorization criteria.)*;
- Meets one of the following:
  - Has experienced a beneficial clinical response from baseline when assessed by at least one objective measure (e.g., normalization of liver function tests, red blood cell count, or platelet count or resolution of fever or rash); OR
  - Has experienced an improvement in at least one symptom compared to baseline (e.g., improvement in skin, oral mucosal, ocular, or gastrointestinal symptoms [e.g., nausea, vomiting, anorexia]).

Approval duration (initial): 1 month for GVHD; 6 months for all other indications
Approval duration (renewal): 3 months for GVHD; 12 months for all other indications

Dosing Recommendations

Rheumatoid Arthritis
The recommended starting dose is 4 mg/kg administered intravenously every 4 weeks followed by an increase to 8 mg/kg administered intravenously every 4 weeks based on clinical response.

Polyarticular Juvenile Idiopathic Arthritis
- For patients weighing less than 30 kg: the recommended dose is 10 mg/kg administered intravenously every 4 weeks.

- For patients weighing 30 kg or more: the recommended dose is 8 mg/kg administered intravenously every 4 weeks.

Systemic Juvenile Idiopathic Arthritis

- For patients weighing less than 30 kg: the recommended dose is 12 mg/kg administered intravenously every 2 weeks.
- For patients weighing 30 kg or more: the recommended dose is 8 mg/kg administered intravenously every 2 weeks.

Giant Cell Arteritis

The recommended dose is 6 mg/kg administered intravenously every 4 weeks in combination with a tapering course of glucocorticoids. Tocilizumab intravenous can be used alone following discontinuation of glucocorticoids.

Still's Disease

The recommended dose is up to 8 mg/kg per dose administered intravenously every 2 weeks.

Polymyalgia Rheumatica

The recommended dose is up to 6 mg/kg to a maximum of 600 mg per dose administered intravenously every 4 weeks.

Immunotherapy-Related Toxicities Associated with Checkpoint Inhibitor Therapy

The recommended dose is up to 8 mg/kg to a maximum of 800 mg per dose administered intravenously every 4 weeks.

Graft-versus-Host Disease

The recommended dose is up to 8 mg/kg per dose administered intravenously every 2 weeks.

References

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