# Clinical Oversight Review Board (CORB) Criteria for Prescribing

# tocilizumab IV (Actemra IV)

**Notes**:

- Quantity Limits: No (N/A for IV medication)
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Non-Formulary tocilizumab IV (Actemra IV) requires a clinical review. Appropriateness of therapy will be based on the following criteria:

**Initiation (new start) criteria:**

1. Patient has a diagnosis of rheumatoid arthritis/inflammatory arthritis
    - Prescriber is a rheumatologist
    - Patient is 18 years of age or older
    - Patient has tried and failed/intolerant* to at least 1 non-biologic DMARD:
        - Methotrexate
        - Hydroxychloroquine
        - Sulfasalazine
        - Leflunomide
    - Brand Biologic with Biosimilar or Unbranded Biologic Available criteria are met

2. Patient has a diagnosis of giant cell arteritis
    - Prescriber is a rheumatologist
    - Patient is 18 years of age or older
    - Patient is unable to taper glucocorticoid treatment without disease relapse
    - Brand Biologic with Biosimilar or Unbranded Biologic Available criteria are met

3. Patient has a diagnosis of polyarticular or systemic juvenile idiopathic arthritis
    - Prescriber is a rheumatologist
    - Patient is 2 years of age or older
    - Patient has tried and failed/intolerant* to at least 1 non-biologic DMARD:
        - Methotrexate
        - Hydroxychloroquine
        - Sulfasalazine
        - Leflunomide
    - Brand Biologic with Biosimilar or Unbranded Biologic Available criteria are met

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# tocilizumab IV (Actemra IV)

**Criteria for *current Kaiser Permanente members* who were previously approved for tocilizumab IV (Actemra IV):**

1. Patient has a diagnosis of rheumatoid arthritis/inflammatory arthritis, giant cell arteritis, or juvenile idiopathic arthritis and prescriber is a rheumatologist
    - Patient has a documented allergic reaction to tocilizumab-aazg (Tyenne) (does not include injection site reaction) **OR**
    - Patient has tried at least 3 months of tocilizumab-aazg (Tyenne) and experienced persistent new or worsening symptoms of disease as documented with objective findings by the prescriber

**Criteria for *new members* entering Kaiser Permanente already taking tocilizumab IV (Actemra IV) who have not been reviewed previously:**

1. Patient has a diagnosis of rheumatoid arthritis/inflammatory arthritis, giant cell arteritis, or juvenile idiopathic arthritis and prescriber is a rheumatologist
    - Patient has a documented allergic reaction to tocilizumab-aazg (Tyenne) (does not include injection site reaction) **OR**
    - Patient has tried at least 3 months of tocilizumab-aazg (Tyenne) and experienced persistent new or worsening symptoms of disease as documented with objective findings by the prescriber