

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

tocilizumab subcutaneous (Actemra SC)

Notes:

- Quantity Limit: Yes
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria: Non-formulary **tocilizumab subcutaneous (Actemra SC)** will be covered on the prescription drug benefit when the following criteria are met:

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
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
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

kp.org

Revised: 05/09/24
Effective: 06/01/24

All plans offered and underwritten by
Kaiser Foundation Health Plan of the Northwest

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

tocilizumab subcutaneous (Actemra SC)

4. Patient has a diagnosis of Systemic Sclerosis-Associated Interstitial Lung Disease (SSc-ILD)
 - Prescriber is a pulmonologist
 - Patient is 18 years of age or older
 - High-resolution computed tomography (HRCT) imaging demonstrating pulmonary fibrosis involving at least 10% of the lungs
 - Patient has a history of prior treatment with mycophenolate prescribed for SSc-ILD, or is presently receiving treatment with mycophenolate, or patient has a documented intolerance or contraindication to mycophenolate
 - Patient is not receiving treatment with nintedanib

Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously AND criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:

Non-formulary **tocilizumab subcutaneous (Actemra SC)** will be covered on the prescription drug benefit when the following criteria are met:

1. Patient has a diagnosis of rheumatoid arthritis/inflammatory arthritis, giant cell arteritis, or juvenile idiopathic arthritis.
 - Prescriber is a rheumatologist
2. Patient has a diagnosis of Systemic Sclerosis-Associated Interstitial Lung Disease (SSc-ILD)
 - Prescriber is a pulmonologist