



5.70.12

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| Section: | Prescription Drugs | Effective Date: | July 1, 2022 |
| Subsection: | Analgesics and Anesthetics | Original Policy Date: | November 15, 2013 |
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Last Review Date: June 16, 2022

Actemra

Description

Actemra (tocilizumab)

Background

Actemra (tocilizumab) is an agent in the class of drugs known as biologic disease modifiers. It is indicated for the treatment of adult onset rheumatoid (RA) arthritis, polyarticular juvenile idiopathic arthritis (PJIA), systemic juvenile idiopathic arthritis (SJIA), giant cell arteritis, cytokine release syndrome (CRS), and systemic sclerosis-associated interstitial lung disease (SSc-ILD). Biologic disease modifiers are genetically engineered drugs that are used to modify imbalances of the immune system in autoimmune disease. Some of these agents block, or modify, the activity of selected cells in the immune system, while others (including Actemra) work by blocking certain messenger proteins, known as cytokines, that send signals between those cells. Actemra works by blocking a cytokine known as interleukin 6, or IL-6, which is believed to be an inflammation mediator in certain inflammatory diseases such as rheumatoid arthritis. Inhibition of IL-6 receptors by Actemra leads to a reduction in cytokine and acute phase reactant production (1).

Regulatory Status

FDA-approved indications: Actemra is an interleukin-6 (IL-6) receptor antagonist indicated for treatment of: (2)

1. Adult patients with moderately to severely active rheumatoid arthritis who have had an inadequate response to one or more Disease-Modifying Anti-Rheumatic Drugs (DMARDs).
2. Adult patients with giant cell arteritis

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3. Slowing the rate of decline in pulmonary function in adult patients with systemic sclerosis-associated interstitial lung disease (SSc-ILD)
4. Patients 2 years of age and older with active polyarticular juvenile idiopathic arthritis.
5. Patients 2 years of age and older with active systemic juvenile idiopathic arthritis.
6. Adults and pediatric patients 2 years of age and older with chimeric antigen receptor (CAR) T cell-induced severe or life-threatening cytokine release syndrome.

Off-Label Uses: (3-5)

Per the NCCN compendium, Actemra has been found to be effective in the following disease states:

1. Unicentric Castleman's Disease: Second-line therapy as a single agent for relapsed or refractory unicentric CD for patients who are human immunodeficiency virus-negative and human herpesvirus-8-negative at a dose of 8mg/kg every 2 weeks
2. Multicentric Castleman's Disease: Subsequent therapy as a single agent for multicentric CD that has progressed following treatment of relapsed/refractory or progressive disease at a dose of 8mg/kg every 2 weeks

Actemra should not be administered in patients with an active infection, including localized infections. Serious infections leading to hospitalization or death including tuberculosis (TB), bacterial, invasive fungal, viral, and other opportunistic infections have occurred in patients receiving Actemra. If a serious infection develops, interrupt Actemra until the infection is controlled. Patients have presented with disseminated rather than localized disease and were often taking concomitant immunosuppressants such as methotrexate or corticosteroids which in addition to rheumatoid arthritis may predispose them to infections (2).

Patients should be tested for latent TB infection prior to initiating Actemra. Anti-tuberculosis therapy should also be considered prior to initiation of Actemra in patients with a past history of latent or active tuberculosis in whom an adequate course of treatment cannot be confirmed, and for patients with a negative test for latent tuberculosis but having risk factors for tuberculosis infection. Patients should be closely monitored for the development of signs and symptoms of tuberculosis including patients who tested negative for latent tuberculosis infection prior to initiating therapy (2).

Gastrointestinal (GI) perforation may occur, primarily as complications of diverticulitis in RA patients. Actemra should be used with caution in patients who may be at increased risk for gastrointestinal perforation (2).

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Laboratory monitoring is recommended prior to and monitored every 4 to 8 weeks due to potential consequences of treatment-related changes in neutrophils, platelets, lipids, and liver function tests (2).

Treatment with Actemra was associated with a higher incidence of neutropenia. Initiation of Actemra treatment is not recommended in patients with an absolute neutrophil count (ANC) below 2000 per mm³. Actemra treatment must be withheld if the ANC is 500-1000 cells per mm³ and resumed at a decreased dose when the ANC is >1000 mm³. Actemra treatment must be discontinued if the ANC is less than 500 cells per mm³ (2).

Treatment with Actemra was associated with a reduction in platelet counts. Actemra treatment is not recommended in patients with a platelet count below 100,000 per mm³ (2).

Treatment with Actemra was associated with a higher incidence of transaminase elevations. Increased frequency and magnitude of these elevations was observed when potentially hepatotoxic drugs (e.g., methotrexate) were used in combination with Actemra (2).

Treatment with Actemra was associated with increases in lipid parameters such as total cholesterol, triglycerides, LDL cholesterol, and/or HDL cholesterol. Patients should be managed according to clinical guidelines [e.g., National Cholesterol Educational Program (NCEP)] for the management of hyperlipidemia (2).

Actemra has not been studied and its use should be avoided in combination with biological DMARDs such as TNF antagonists, IL-1R antagonists, anti-CD20 monoclonal antibodies and selective co-stimulation modulators because of the possibility of increased immunosuppression and increased risk of infection. Actemra may be used as monotherapy or concomitantly with methotrexate or other non-biological DMARDs such as hydroxychloroquine, leflunomide, azathioprine, and cyclosporine (2).

Treatment with Actemra is not recommended in patients with active hepatic disease or hepatic impairment, including patients with positive hepatitis B virus (HBV) and hepatitis C virus (HCV) (2).

Safety and effectiveness of Actemra in pediatric patients with conditions other than PJIA, SJIA, or cytokine release syndrome have not been established. Children under the age of two have not been studied (2).

Actemra doses exceeding 800 mg per infusion are not recommended in RA or CRS patients (2).

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Related policies

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Actemra may be considered **medically necessary** for patients 18 years of age or older for the treatment of moderately to severely active rheumatoid arthritis (RA), giant cell arteritis, or systemic sclerosis-associated interstitial lung disease; in patients 2 years of age or older with active polyarticular juvenile idiopathic arthritis (PJIA), systemic juvenile idiopathic arthritis (SJIA), and cytokine release syndrome (CRS); and if the conditions indicated below are met.

Actemra may be considered **medically necessary** in patients with Unicentric Castleman's Disease whose disease is relapsed or refractory, or in patients with Multicentric Castleman's Disease whose disease has progressed and if the conditions indicated below are met.

Actemra may be considered **investigational** for all other indications.

Prior-Approval Requirements

Diagnoses

Patient must have **ONE** of the following:

1. Active Polyarticular Juvenile Idiopathic Arthritis (PJIA)
 - a. 2 years of age or older
 - b. Inadequate treatment response, intolerance, or contraindication to a 3-month trial of at least **ONE** conventional disease-modifying antirheumatic drugs (DMARDs) (see Appendix 1)
 - c. Prescriber will be dosing the patient within the FDA labeled maintenance dose of **ONE** of the following:
 - i. IV infusion:
 - 1) Patients less than 30 kg weight – 10 mg/kg every 4 weeks
 - 2) Patients at or above 30 kg weight – 8 mg/kg every 4 weeks
 - ii. Subcutaneous administration:
 - 1) Patients less than 30 kg weight – 162 mg once every 3 weeks

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- 2) Patients at or above 30 kg weight – 162 mg once every 2 weeks
 - d. Actemra SC **only**: Patient **MUST** have tried the preferred product(s) (see Appendix 3) if adjudicated through the pharmacy benefit unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)
 - e. Actemra IV **only**: Patient has had an inadequate response, intolerance, or contraindication to a biologic DMARD or targeted synthetic DMARD (see Appendix 1) if adjudicated through the pharmacy benefit
 2. Active Systemic Juvenile Idiopathic Arthritis (SJIA)
 - a. 2 years of age or older
 - b. Prescriber will be dosing the patient within the FDA labeled maintenance dose of **ONE** of the following:
 - i. IV infusion:
 - 1) Patients less than 30 kg weight – 12 mg/kg every 2 weeks
 - 2) Patients at or above 30 kg weight – 8 mg/kg every 2 weeks
 - ii. Subcutaneous administration:
 - 1) Patients less than 30 kg weight – 162 mg once every 2 weeks
 - 2) Patients at or above 30 kg weight – 162 mg once every week
- AND ONE** of the following for SJIA:
- a. Inadequate treatment response to at least a 2 week trial of corticosteroids
 - b. Inadequate treatment response to at least a 3 month trial of methotrexate or leflunomide
3. Moderately to severely active Rheumatoid Arthritis (RA)
 - a. 18 years of age and older
 - b. Inadequate response, intolerance, or contraindication to a 3-month trial of at least **ONE** conventional disease-modifying antirheumatic drugs (DMARDs) (See Appendix 2)
 - c. Prescriber will be dosing the patient within the FDA labeled maintenance dose of **ONE** of the following:
 - i. IV infusion: 8 mg/kg every 4 weeks
 - ii. Subcutaneous administration: 162 mg every week
 - d. Actemra SC **only**: Patient **MUST** have tried the preferred product(s) (see Appendix 3) if adjudicated through the pharmacy benefit unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

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- e. Actemra IV **only**: Patient has had an inadequate response, intolerance, or contraindication to a biologic DMARD or targeted synthetic DMARD (see Appendix 1) if adjudicated through the pharmacy benefit
- 4. Giant Cell Arteritis
 - a. 18 years of age and older
 - b. Inadequate treatment response to at least a 3 month trial of corticosteroids
 - c. Prescriber will be dosing the patient within the FDA labeled maintenance dose of **ONE** of the following:
 - i. IV infusion: 6 mg/kg every 4 weeks
 - ii. Subcutaneous administration: 162 mg every week
- 5. Systemic Sclerosis-Associated Interstitial Lung Disease (SSc-ILD)
 - a. 18 years of age and older
 - b. **NO** IV administration
 - c. Prescriber will be dosing the patient within the FDA labeled maintenance dose of the following:
 - i. Subcutaneous administration: 162 mg every week
- 6. Cytokine release syndrome (CRS)
 - a. 2 years of age and older
 - b. Chimeric antigen receptor (CAR) T cell-induced CRS
 - c. Syndrome is severe or life-threatening
 - d. **NO** subcutaneous administration
 - e. Prescriber will be dosing the patient within the FDA labeled maintenance dose of **ONE** of the following:
 - i. IV infusion: Patients less than 30 kg weight – 12 mg/kg with up to 3 additional doses administered at least 8 hours apart
 - ii. IV infusion: Patients at or above 30 kg weight – 8 mg/kg with up to 3 additional doses administered at least 8 hours apart
- 7. Unicentric Castleman’s Disease
 - a. Disease is relapsed or refractory
 - b. Actemra is prescribed as a single agent therapy
 - c. Patient is HIV negative
 - d. Patient is human herpesvirus-8 negative
 - e. **NO** subcutaneous administration
 - f. Prescriber will be dosing the patient within the maintenance dose of the following:

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- i. IV infusion: 8 mg/kg every 4 weeks

8. Multicentric Castleman's Disease

- a. Disease has progressed following treatment of relapsed/refractory or progressive disease
- b. Actemra is prescribed as a single agent therapy
- c. **NO** subcutaneous administration
- d. Prescriber will be dosing the patient within the maintenance dose of the following:
 - i. IV infusion: 8 mg/kg every 2 weeks

AND ALL of the following for all indications:

- 1. Result for latent TB infection is negative **OR** result was positive for latent TB and patient completed treatment (or is receiving treatment) for latent TB
- 2. Patient is not at risk for HBV infection **OR** patient is at risk for HBV infection and HBV infection has been ruled out or treatment for HBV infection has been initiated
- 3. Absence of active infection (including tuberculosis and hepatitis B virus (HBV))
- 4. **NOT** to be used in combination with any other biologic DMARD or targeted synthetic DMARD (See Appendix 1)
- 5. **NOT** given concurrently with live vaccines

Prior – Approval *Renewal* Requirements

Diagnoses

Patient must have **ONE** of the following:

- 1. Polyarticular Juvenile Idiopathic Arthritis (PJIA)
 - a. 2 years of age or older
 - b. Prescriber will be dosing the patient within the FDA labeled maintenance dose of **ONE** of the following:
 - i. IV infusion:
 - 1) Patients less than 30 kg weight – 10 mg/kg every 4 weeks
 - 2) Patients at or above 30 kg weight – 8 mg/kg every 4 weeks
 - ii. Subcutaneous administration
 - 1) Patients less than 30 kg weight – 162 mg once every 3 weeks

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- 2) Patients at or above 30 kg weight – 162 mg once every 2 weeks
 - c. Actemra SC **only**: Patient **MUST** have tried the preferred product(s) (see Appendix 3) if adjudicated through the pharmacy benefit unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)
2. Systemic Juvenile Idiopathic Arthritis (SJIA)
 - a. 2 years of age or older
 - b. Prescriber will be dosing the patient within the FDA labeled maintenance dose of **ONE** of the following:
 - ii. IV infusion:
 - 1) Patients less than 30 kg weight – 12 mg/kg every 2 weeks
 - 2) Patients at or above 30 kg weight – 8 mg/kg every 2 weeks
 - iii. Subcutaneous administration:
 - 1) Patients less than 30 kg weight – 162 mg once every 2 weeks
 - 2) Patients at or above 30 kg weight – 162 mg once every week
3. Rheumatoid Arthritis (RA)
 - a. 18 years of age and older
 - b. Prescriber will be dosing the patient within the FDA labeled maintenance dose of **ONE** of the following:
 - i. IV infusion: 8 mg/kg every 4 weeks
 - ii. Subcutaneous administration: 162 mg every week
 - c. Actemra SC **only**: Patient **MUST** have tried the preferred product(s) (see Appendix 3) if adjudicated through the pharmacy benefit unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)
4. Giant Cell Arteritis
 - a. 18 years of age and older
 - b. Prescriber will be dosing the patient within the FDA labeled maintenance dose of **ONE** of the following:
 - i. IV infusion: 6 mg/kg every 4 weeks
 - ii. Subcutaneous administration: 162 mg every week
5. Systemic Sclerosis-Associated Interstitial Lung Disease (SSc-ILD)
 - a. 18 years of age and older

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- b. Prescriber will be dosing the patient within the FDA labeled maintenance dose of the following:
 - i. Subcutaneous administration: 162 mg every week
- 6. Unicentric Castleman's Disease
 - a. Prescriber will be dosing the patient within the maintenance dose of the following:
 - i. IV infusion: 8 mg/kg every 4 weeks
- 7. Multicentric Castleman's Disease
 - a. Prescriber will be dosing the patient within the maintenance dose of the following:
 - i. IV infusion: 8 mg/kg every 2 weeks

AND ALL of the following for all indications:

- 1. Condition has improved or stabilized with Actemra
- 2. Absence of active infection (including tuberculosis and hepatitis B virus (HBV))
- 3. **NOT** to be used in combination with any other biologic DMARD or targeted synthetic DMARD (See Appendix 1)
- 4. **NOT** given concurrently with live vaccines

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Quantity

| Medication | Diagnosis | Strength | Quantity |
|------------|---|----------------|---|
| Actemra SC | Giant cell arteritis | 162 mg/ 0.9 mL | 12 units per 84 days |
| | Rheumatoid Arthritis | | |
| | Systemic Sclerosis-Associated Interstitial Lung Disease | | |
| | Polyarticular Juvenile Idiopathic Arthritis | 162 mg/ 0.9 mL | <u>Weight < 30kg</u> 4 units per 84 days <u>Weight ≥ 30kg</u> 6 units per 84 days |

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| | Systemic Juvenile Idiopathic Arthritis | 162 mg/ 0.9 mL | <u>Weight < 30kg</u> 6 units per 84 days <u>Weight ≥ 30kg</u> 12 units per 84 days |
| Actemra IV | Cytokine Release Syndrome | 80 mg OR 200 mg OR 400 mg | 8 single-dose vials per Lifetime |
| | Giant cell arteritis | 80 mg 200 mg 400 mg | 6 mg/kg every 4 weeks |
| | Polyarticular Juvenile Idiopathic Arthritis | 80 mg 200 mg 400 mg | <u>Weight < 30kg</u> 10 mg/kg every 4 weeks <u>Weight ≥ 30kg</u> 8 mg/kg every 4 weeks |
| | Systemic Juvenile Idiopathic Arthritis | 80 mg 200 mg 400 mg | <u>Weight < 30kg</u> 12 mg/kg every 2 weeks <u>Weight ≥ 30kg</u> 8 mg/kg every 2 weeks |
| | Rheumatoid Arthritis | 80 mg 200 mg 400 mg | 8 mg/kg every 4 weeks |
| | Unicentric Castleman's Disease | 80 mg 200 mg 400 mg | 8 mg/kg every 4 weeks |
| | Multicentric Castleman's Disease | 80 mg 200 mg 400 mg | 8 mg/kg every 2 weeks |

Duration 12 months

Prior – Approval *Renewal* Limits

Quantity

NO renewal for Cytokine release syndrome (CRS)

| Medication | Diagnosis | Strength | Quantity |
|------------|---|---------------|----------------------|
| Actemra SC | Giant cell arteritis | 162 mg/0.9 mL | 12 units per 84 days |
| | Rheumatoid Arthritis | | |
| | Systemic Sclerosis-Associated Interstitial Lung Disease | | |

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| | Polyarticular Juvenile Idiopathic Arthritis | 162 mg/0.9 mL | <u>Weight < 30kg</u> 4 units per 84 days <u>Weight ≥ 30kg</u> 6 units per 84 days |
| | Systemic Juvenile Idiopathic Arthritis | 162 mg/0.9 mL | <u>Weight < 30kg</u> 6 units per 84 days <u>Weight ≥ 30kg</u> 12 units per 84 days |
| Actemra IV | Giant cell arteritis | 80 mg 200 mg 400 mg | 6 mg/kg every 4 weeks |
| | Polyarticular Juvenile Idiopathic Arthritis | 80 mg 200 mg 400 mg | <u>Weight < 30kg</u> 10 mg/kg every 4 weeks <u>Weight ≥ 30kg</u> 8 mg/kg every 4 weeks |
| | Systemic Juvenile Idiopathic Arthritis | 80 mg 200 mg 400 mg | <u>Weight < 30kg</u> 12 mg/kg every 2 weeks <u>Weight ≥ 30kg</u> 8 mg/kg every 2 weeks |
| | Rheumatoid Arthritis | 80 mg 200 mg 400 mg | 8 mg/kg every 4 weeks |
| | Unicentric Castleman's Disease | 80 mg 200 mg 400 mg | 8 mg/kg every 4 weeks |
| | Multicentric Castleman's Disease | 80 mg 200 mg 400 mg | 8 mg/kg every 2 weeks |

Duration 18 months

Rationale

Summary

Actemra (tocilizumab) is an interleukin-6 (IL-6) receptor antagonist indicated for the treatment of adult onset rheumatoid (RA) arthritis, polyarticular juvenile idiopathic arthritis (PJIA), systemic juvenile idiopathic arthritis (SJIA), giant cell arteritis, cytokine release syndrome (CRS), and systemic sclerosis-associated interstitial lung disease (SSc-ILD). Additionally, Actemra has shown efficacy in the off-label treatment of unicentric and multicentric castleman's disease.

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Laboratory monitoring is recommended prior to and monitored every 4 to 8 weeks due to potential consequences of treatment-related changes in neutrophils, platelets, lipids, and liver function tests. Actemra should not be administered in patients with an active infection, including localized infections. Treatment with Actemra is not recommended in patients with active hepatic disease or hepatic impairment. Actemra may be used as monotherapy or concomitantly with methotrexate or other non-biological DMARDs. Actemra has not been studied and its use should be avoided in combination with biological DMARDs. Safety and effectiveness of Actemra in pediatric patients with conditions other than PJIA, SJIA, or cytokine release syndrome have not been established. Patients under the age of 2 have not been studied (1-5).

Prior authorization is required to ensure the safe, clinically appropriate and cost-effective use of Actemra while maintaining optimal therapeutic outcomes.

References

1. American College of Rheumatology. American College of Rheumatology website. [http://www.rheumatology.org/Practice/Clinical/Patients/Medications/Tocilizumab_\(Actemra\)/](http://www.rheumatology.org/Practice/Clinical/Patients/Medications/Tocilizumab_(Actemra)/)
2. Actemra [package insert]. South San Francisco, CA: Genentech, Inc.; February 2022.
3. NCCN Drugs & Biologics Compendium ® Tocilizumab 2022. National Comprehensive Cancer Network, Inc. Accessed on May 11, 2022.
4. Chan K, Lade S, Prince HM, Harrison SJ. Update and new approaches in the treatment of Castleman disease. *J Blood Med.* 2016; 7: 145–158.
5. Nishimoto N, Kanakura Y, Aozasa K, Johkoh T, Nakamura M, Nakano S, et al. Humanized anti-interleukin-6 receptor antibody treatment of multicentric Castleman disease. *Blood* (2005) 106:2627–32.10.1182/blood-2004-12-4602.

Policy History

| Date | Action |
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| October 2013 | Addition to PA |
| December 2013 | Annual editorial review by the PMPC |
| September 2014 | Annual editorial review and renewal limit to 18 months |
| December 2015 | Annual editorial review and reference update |
| September 2016 | Annual editorial review Addition of not given concurrently with live vaccines per SME Policy number change from 5.18.06 to 5.70.12 |
| December 2016 | Annual editorial review and reference update. Additional diagnoses added to criteria: Unicentric Castleman’s Disease in patients whose disease is relapsed or refractory, Actemra is being prescribed as a single agent therapy, who are HIV and HHV-8 negative; or in patients with Multicentric Castleman’s Disease whose disease has |

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| | progressed following treatment of relapsed/refractory or progressive disease, and where Actemra is being used as single agent therapy. Additional criteria added to initiation RA: Inadequate treatment response, intolerance, or contraindication to at least a 3-month trial of methotrexate despite adequate dosing Additional criteria added to initiation PJIA; patient must have intolerance or has experienced an inadequate treatment response to at least a 3-month trial of a TNF inhibitor Additional criteria added to initiation SJIA, patient must have ONE of the following: Inadequate treatment response to at least a 2 week trial of corticosteroids OR Inadequate treatment response to at least a 3 month trial of methotrexate or leflunomide |
| March 2017 | Annual review |
| June 2017 | Addition of new indication – Giant Cell Arteritis and dosing requirements for all indications |
| September 2017 | Annual review Addition of new indication – Cytokine release syndrome |
| December 2017 | Annual review |
| March 2018 | Annual editorial review |
| June 2018 | Addition of Appendix 1 - List of DMARDs Update Appendix 1 - List of DMARDs, added Appendix 2 - Examples of Contraindications to Methotrexate and Active Polyarticular Juvenile Idiopathic Arthritis (PJIA) requirement for T/F to Biological DMARDs Updated the RA requirements to inadequate response, intolerance, or contraindication to a 3-month trial of at least one conventional DMARDs Addition of quantity limits to renewal section Change SJIA dosing frequency to 2 weeks |
| July 2018 | Addition of subcutaneous administration to initiation and renewal section for diagnosis of Polyarticular Juvenile Idiopathic Arthritis (PJIA) |
| September 2018 | Annual editorial review Addition of subcutaneous administration to initiation and renewal section for diagnosis of Systemic Juvenile Idiopathic Arthritis (SJIA) |
| March 2019 | Annual review and reference update |
| December 2019 | Annual review. Addition of requirement to trial preferred product |
| March 2020 | Annual review and reference update |
| August 2020 | Clarifying language added to pharmacy benefit |
| December 2020 | Revised requirement to t/f preferred product(s) for RA and PJIA for Actemra SC. Added Appendix 3 with a list of preferred medications based on diagnosis and plan. Added quantity limits for Actemra SC. Added |

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| | initiation requirement for Actemra IV to t/f a biologic or targeted synthetic DMARD per FEP |
| January 2021 | Updated Appendix 3 to include all preferred options for SO BO per FEP |
| March 2021 | Annual review and reference update. Clarification added to the t/f, intolerance, C/I to preferred products requirement indicating that it only applies to claims adjudicated through the pharmacy benefit |
| April 2021 | Addition of indication: systemic sclerosis-associated interstitial lung disease (SSc-ILD). Appendix 1 updated. |
| June 2021 | Annual editorial review and reference update |
| March 2022 | Annual review and reference update. Added IV dosing for giant cell arteritis per PI update. |
| April 2022 | Revised PJIA requirement to t/f a 3-month trial of a conventional DMARD instead of a biologic or targeted synthetic DMARD to match other autoimmune medications |
| June 2022 | Annual review and reference update |

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on June 16, 2022 and is effective on July 1, 2022.

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Appendix 1 - List of DMARDs

Conventional disease-modifying antirheumatic drugs (DMARDs)

| Generic Name | Brand Name |
|--------------------|-----------------------------|
| azathioprine | Azasan, Imuran |
| cyclophosphamide | Cytoxan |
| cyclosporine | Neoral, Gengraf, Sandimmune |
| hydroxychloroquine | Plaquenil |
| leflunomide | Arava |
| methotrexate | Rheumatrex, Trexall |
| mycophenolate | Cellcept |
| sulfasalazine | Azulfidine, Sulfazine |

Biological disease-modifying antirheumatic drugs (DMARDs)

| Generic Name | Brand Name |
|--------------------|-------------------------------------|
| abatacept | Orencia |
| adalimumab | Humira |
| anakinra | Kineret |
| brodalumab | Siliq |
| certolizumab | Cimzia |
| etanercept | Enbrel |
| golimumab | Simponi/Simponi Aria |
| guselkumab | Tremfya |
| infliximab | Remicade/Avsola/Renflexis/Inflectra |
| ixekizumab | Taltz |
| risankizumab-rzaa | Skyrizi |
| rituximab | Rituxan/Riabni/Ruxience/Truxima |
| sarilumab | Kevzara |
| secukinumab | Cosentyx |
| tildrakizumab-asmn | Ilumya |
| tocilizumab | Actemra |
| ustekinumab | Stelara |
| vedolizumab | Entyvio |

Targeted synthetic disease-modifying antirheumatic drugs (DMARDs)

| Generic Name | Brand Name |
|--------------|------------|
| apremilast | Otezla |
| baricitinib | Olumiant |
| tofacitinib | Xeljanz/XR |

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| | |
|-------------|--------|
| upadactinib | Rinvoq |
|-------------|--------|

Appendix 2 – Examples of Contraindications to Methotrexate

| Contraindications to Methotrexate |
|--|
| 1. Alcoholism, alcoholic liver disease or other chronic liver disease |
| 2. Breastfeeding |
| 3. Blood dyscrasias (e.g., thrombocytopenia, leukopenia, significant anemia) |
| 4. Elevated liver transaminases |
| 5. History of intolerance or adverse event |
| 6. Hypersensitivity |
| 7. Interstitial pneumonitis or clinically significant pulmonary fibrosis |
| 8. Myelodysplasia |
| 9. Pregnancy or planning pregnancy (male or female) |
| 10. Renal impairment |
| 11. Significant drug interaction |

Appendix 3 - List of Preferred Products

| Diagnosis | Standard Option/Basic Option Preferred Products | Blue Focus Preferred Products |
|--|--|--|
| Polyarticular Juvenile Idiopathic Arthritis (PJIA) | **must try Humira first** Humira** Enbrel Xeljanz | must try ONE preferred product: Enbrel Humira |
| Rheumatoid Arthritis (RA) | **must try Humira first** Humira** Enbrel Rinvoq Xeljanz/Xeljanz XR | must try ONE preferred product: Enbrel Humira |