**Overview**

ACTEMRA® (tocilizumab) is an interleukin-6 (IL-6) receptor antagonist indicated for treatment of:

**Rheumatoid Arthritis (RA)**
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).

**Giant Cell Arteritis (GCA)**
Adult patients with giant cell arteritis.

**Polyarticular Juvenile Idiopathic Arthritis (PJIA)**
Patients 2 years of age and older with active polyarticular juvenile idiopathic arthritis.

**Systemic Juvenile Idiopathic Arthritis (SJIA)**
Patients 2 years of age and older with active systemic juvenile idiopathic arthritis.

**Cytokine Release Syndrome (CRS)**
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.

**Coverage Guidelines**

**Rheumatoid Arthritis (RA)**
1. Member has a diagnosis of RA AND
2. Member is at least 18 years of age AND
3. Prescriber has provided documentation of ONE of the following*:
   a. Inadequate response, adverse reaction, or contraindication to at least ONE traditional DMARD (hydroxychloroquine, leflunomide, methotrexate, sulfasalazine)
   b. Inadequate response or adverse reaction to ONE biologic DMARD that is FDA-approved for the requested indication

   **AND**

4. Dosing is appropriate (see appendix)

*Enbrel and Humira are the MH preferred products*

**Juvenile Idiopathic Arthritis (JIA)**

Actemra® IV Only

1. Member has a diagnosis of JIA **AND**
2. Member is at least 2 years of age **AND**
3. Member has had an inadequate response, adverse reaction or contraindication to methotrexate **AND**
4. Dosing is appropriate (see appendix)

*Requests for the subcutaneous formulation Actemra for children <18 years of age will be reviewed on a case by case basis.*

**Giant Cell Arteritis (GCA)**

Actemra® SQ Only

1. Member has a diagnosis of GCA **AND**
2. Member is at least 18 years of age **AND**
3. Prescriber has provided documentation of ONE of the following categories:
   a. Glucocorticoids
      i. Inadequate response, adverse reaction, or contraindication to at least ONE systemic glucocorticoid*
      ii. Contraindication to ALL systemic glucocorticoids
   b. Systemic immunosuppressive therapy
      i. Inadequate response or adverse reaction to ONE systemic immunosuppressive therapy (e.g. methotrexate, cyclophosphamide)
      ii. Contraindication to ALL systemic immunosuppressive therapy

   **AND**

4. Dosing is appropriate (see appendix)

*Requests for members who satisfy the criteria except for the corticosteroid trial will be evaluated on a case-by-case basis as corticosteroids are not intended for long-term therapy.*

**Continuation of Therapy**

Reauthorization will be granted if documentation is submitted indicating a positive response to therapy

**Limitations**

1. Initial approvals will be granted for 6 months
2. Reauthorizations will be granted for 1 year

**Appendix**
### Pediatric Dosing

<table>
<thead>
<tr>
<th>Actemra® (tocilizumab)</th>
<th>Other Dosing</th>
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</thead>
<tbody>
<tr>
<td><strong>Polyarticular Juvenile Idiopathic Arthritis:</strong></td>
<td><strong>Rheumatoid Arthritis (mod-severe):</strong></td>
</tr>
<tr>
<td>IV:</td>
<td>IV:</td>
</tr>
<tr>
<td>Patients &lt;30 kg:</td>
<td>4 mg/kg IV every 4 weeks</td>
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<tr>
<td>10 mg/kg every 4 weeks</td>
<td>as a 60-minute infusion. Dose may be increased</td>
</tr>
<tr>
<td>Patients ≥30 kg:</td>
<td>to 8 mg/kg every 4 weeks; maximum: 800 mg</td>
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<tr>
<td>8 mg/kg every 4 weeks</td>
<td>per infusion.</td>
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<tr>
<td><strong>Systemic Juvenile Idiopathic Arthritis:</strong></td>
<td><strong>SQ:</strong></td>
</tr>
<tr>
<td>IV:</td>
<td>Patients &lt;100 kg:</td>
</tr>
<tr>
<td>Patients &lt;30 kg:</td>
<td>162 mg every other week,</td>
</tr>
<tr>
<td>12 mg/kg every 2 weeks</td>
<td>followed by every week dosing based on clinical response.</td>
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<tr>
<td>Patients ≥30 kg:</td>
<td>Patients ≥100 kg:</td>
</tr>
<tr>
<td>8 mg/kg every 2 weeks</td>
<td>162 mg every week; every</td>
</tr>
<tr>
<td></td>
<td>other week dosing may be appropriate to</td>
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<td></td>
<td>manage dose-related laboratory changes</td>
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</tbody>
</table>

### References


### Review History

11/22/2010: Reviewed
01/03/2011: Implemented
02/28/2011: Reviewed
06/06/2011: Reviewed & revised (SJIA indication)
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