



Louisiana

tocilizumab (Actemra®)

Policy # 00252

Original Effective Date: 07/21/2010

Current Effective Date: 08/14/2023

Applies to all products administered or underwritten by Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc. (collectively referred to as the "Company"), unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

When Services May Be Eligible for Coverage

Coverage for eligible medical treatments or procedures, drugs, devices or biological products may be provided only if:

- *Benefits are available in the member's contract/certificate, and*
- *Medical necessity criteria and guidelines are met.*

Rheumatoid Arthritis

Based on review of available data, the Company may consider the use of both intravenous and subcutaneous tocilizumab (Actemra®)[†] for the treatment of rheumatoid arthritis to be **eligible for coverage**.**

Patient Selection Criteria

Coverage eligibility will be met:

- Patient is 18 years of age or older; AND
- Patient has a diagnosis of moderately to severely active rheumatoid arthritis; AND
- Patient has failed treatment with one or more traditional disease-modifying anti-rheumatic drugs (DMARDs), such as methotrexate, unless there is clinical evidence or patient history that suggests the use of these products will be ineffective or cause an adverse reaction to the patient; AND
- Requested drug is NOT given concomitantly with biologic DMARDs, such as adalimumab (Humira®)[‡] or etanercept (Enbrel®)[‡], or other drugs such as apremilast (Otezla®)[‡] or tofacitinib (Xeljanz/XR®)[‡]; AND
- For tocilizumab (Actemra) subcutaneous requests ONLY (this criterion is NOT applicable to the intravenous version): Patient has failed treatment with adalimumab (Humira) after at least TWO months of therapy unless there is clinical evidence or patient history that suggests the use of adalimumab (Humira) will be ineffective or cause an adverse reaction to the patient; AND

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



tocilizumab (Actemra®)

Policy # 00252

Original Effective Date: 07/21/2010

Current Effective Date: 08/14/2023

*(Note: This specific patient selection criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met).*

- Patient has a negative tuberculosis (TB) test (e.g., purified protein derivative [PPD], blood test) prior to treatment.

Systemic Juvenile Idiopathic Arthritis

Based on review of available data, the Company may consider the use of both intravenous and subcutaneous tocilizumab (Actemra) for the treatment of systemic juvenile idiopathic arthritis to be **eligible for coverage.****

Patient Selection Criteria

Coverage eligibility for the use of both intravenous and subcutaneous tocilizumab (Actemra) for the treatment of active systemic juvenile idiopathic arthritis will be considered when all of the following patient selection criteria are met:

- Patient is 2 years of age and older; AND
- Patient has a diagnosis of active systemic juvenile idiopathic arthritis; AND
- Patient has an inadequate clinical response to nonsteroidal anti-inflammatory drugs (NSAIDs) or corticosteroids unless there is clinical evidence or patient history that suggests the use of these products will be ineffective or cause an adverse reaction to the patient; AND
*(Note: This specific patient selection criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met)*
- Requested drug is NOT given concomitantly with biologic DMARDs, such as adalimumab (Humira) or etanercept (Enbrel), or other drugs such as apremilast (Otezla) or tofacitinib (Xeljanz/XR); AND
- Patient has a negative TB test (e.g., PPD, blood test) prior to treatment.

Polyarticular Juvenile Idiopathic Arthritis

Based on review of available data, the Company may consider the use of both intravenous and subcutaneous tocilizumab (Actemra) for the treatment of active polyarticular juvenile idiopathic arthritis to be **eligible for coverage.****

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



tocilizumab (Actemra®)

Policy # 00252

Original Effective Date: 07/21/2010

Current Effective Date: 08/14/2023

Patient Selection Criteria

Coverage eligibility for the use of both intravenous and subcutaneous tocilizumab (Actemra) for the treatment of active polyarticular juvenile idiopathic arthritis will be considered when all of the following patient selection criteria are met:

- Patient is 2 years of age and older; AND
- Patient has a diagnosis of active polyarticular juvenile idiopathic arthritis; AND
- Patient has failed treatment with one or more traditional DMARDs, such as methotrexate, unless there is clinical evidence or patient history that suggests the use of these products will be ineffective or cause an adverse reaction to the patient; AND
*(Note: This specific patient selection criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met).*
- For tocilizumab (Actemra) subcutaneous requests ONLY (this criterion is NOT applicable to the intravenous version): Patient has failed treatment with adalimumab (Humira) after at least TWO months of therapy unless there is clinical evidence or patient history that suggests the use of adalimumab (Humira) will be ineffective or cause an adverse reaction to the patient; AND
- Requested drug is NOT given concomitantly with biologic DMARDs, such as adalimumab (Humira) or etanercept (Enbrel), or other drugs such as apremilast (Otezla) or tofacitinib (Xeljanz/XR); AND
- Patient has a negative TB test (e.g., PPD, blood test) prior to treatment.

Giant Cell Arteritis

Based on review of available data, the Company may consider the use of both intravenous and subcutaneous tocilizumab (Actemra) for the treatment of giant cell arteritis to be **eligible for coverage.****

Patient Selection Criteria

Coverage eligibility for the use of both intravenous and subcutaneous tocilizumab (Actemra) for the treatment of giant cell arteritis will be considered when the following patient selection criteria are met:

Initial:

- Patient has a diagnosis of giant cell arteritis (which is confirmed by the presence of unequivocal cranial symptoms of giant cell arteritis [severe headaches, jaw pain, or visual

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



tocilizumab (Actemra®)

Policy # 00252

Original Effective Date: 07/21/2010

Current Effective Date: 08/14/2023

symptoms], AND a temporal artery biopsy, color doppler ultrasonography, computed tomography angiography [CTA], or magnetic resonance angiography [MRA] confirms evidence of large-vessel vasculitis AND presence of elevated erythrocyte sedimentation rate [ESR >50]/C-reactive protein [CRP 2.45 or greater]); AND

- Patient is 50 years of age or older; AND
*(Note: This specific patient selection criterion is an additional Company requirement, based on clinical trials, for coverage eligibility and will be denied as not medically necessary** if not met).*
- Patient is using requested drug in combination with a tapering course of glucocorticoids; AND
- Patient has a negative TB test (e.g., PPD, blood test) prior to treatment; AND
- Requested drug is NOT given concomitantly with biologic DMARDs, such as adalimumab (Humira) or etanercept (Enbrel), or other drugs such as apremilast (Otezla) or tofacitinib (Xeljanz/XR); AND
- Patient is NOT having an adequate response after at least 4 weeks of glucocorticoids alone (e.g., NO signs of the following: ability to reduce glucocorticoid dose, normalization of acute phase reactants [e.g., erythrocyte sedimentation rate {ESR<30}, C-reactive protein {CRP<1}], reduction or resolution of signs or symptoms of giant cell arteritis) OR adequate glucocorticoid dose is not tolerated or symptoms progress despite adequate glucocorticoid dose prior to the 4 week mark; AND
*(Note: This specific patient selection criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met).*
- For tocilizumab (Actemra) intravenous requests only: Dosage is 6 milligrams per kilogram every 4 weeks.

Continuation:

- Patient received initial authorization for the requested drug; AND
- Patient has had a response (e.g., reduced glucocorticoid dose, normalization of acute phase reactants [e.g., ESR < 30, CRP < 1], reduction or resolution of signs or symptoms of giant cell arteritis), as determined by the prescriber; AND
*(Note: This specific patient selection criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met).*

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



Louisiana

tocilizumab (Actemra®)

Policy # 00252

Original Effective Date: 07/21/2010

Current Effective Date: 08/14/2023

- For tocilizumab (Actemra) intravenous requests only: Dosage is 6 milligrams per kilogram every 4 weeks.

Cytokine Release Syndrome

Based on review of available data, the Company may consider the use of intravenous tocilizumab (Actemra) for the treatment of cytokine release syndrome to be **eligible for coverage.****

Patient Selection Criteria

Coverage eligibility for the use of intravenous tocilizumab (Actemra) for the treatment of cytokine release syndrome will be considered when the following patient selection criteria are met:

- Patient is 2 years of age and older; AND
- Patient has a diagnosis of chimeric antigen receptor (CAR) T cell-induced severe or life-threatening cytokine release syndrome. Severe or life-threatening cytokine release syndrome is defined as having either hemodynamic instability despite intravenous fluids and vasopressor support OR worsening respiratory distress, including pulmonary infiltrates, increasing oxygen requirement including high-flow oxygen and/or need for mechanical ventilation OR rapid clinical deterioration; AND
- No more than 4 total doses of tocilizumab (Actemra) (to not exceed 800 mg per infusion) should be administered per event of cytokine release syndrome.

Systemic Sclerosis Associated Interstitial Lung Disease (SSc-ILD)

Based on review of available data, the Company may consider the use of subcutaneous tocilizumab (Actemra) for the treatment of systemic sclerosis associated interstitial lung disease to be **eligible for coverage.****

Patient Selection Criteria

Coverage eligibility for the use of subcutaneous tocilizumab (Actemra) for the treatment of systemic sclerosis associated interstitial lung disease will be considered when the following patient selection criteria are met:

Initial:

- Patient has a diagnosis of systemic sclerosis associated interstitial lung disease (SSc-ILD) as confirmed by chest high resolution computed tomography (HRCT) WITHOUT contrast; AND

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



tocilizumab (Actemra®)

Policy # 00252

Original Effective Date: 07/21/2010

Current Effective Date: 08/14/2023

- Patient is experiencing a decline in pulmonary function; AND
- Patient is 18 years of age or older; AND
- Patient has a Forced Vital Capacity (FVC) greater than 55% of the predicted value; AND
*(Note: This specific patient selection criterion is an additional Company requirement, based on clinical trials, for coverage eligibility and will be denied as not medically necessary** if not met).*
- Patient has tried and failed (e.g., intolerance or inadequate response) mycophenolate mofetil after at least 6 months of therapy unless there is clinical evidence or patient history that suggests the use of mycophenolate mofetil will be ineffective or cause an adverse reaction to the patient; AND
*(Note: This specific patient selection criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met).*
- Patient will not use the requested drug in combination with nintedanib (Ofev®)† for the treatment of SSc-ILD.

Continuation:

- Patient received initial authorization for the requested drug; AND
- Patient will not use the requested drug in combination with nintedanib (Ofev) for the treatment of SSc-ILD; AND
- Patient is benefitting from the requested medication as supported by provider documentation
*(Note: This specific patient selection criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met).*

When Services Are Considered Not Medically Necessary

Based on review of available data, the Company considers the use of tocilizumab (Actemra) when any of the following criteria for their respective disease listed below (and denoted in the patient selection criteria above) are not met to be **not medically necessary****:

- For rheumatoid arthritis:
 - Patient has failed treatment with adalimumab (Humira) after at least TWO months of therapy (applicable to subcutaneous requests ONLY)
- For systemic juvenile idiopathic arthritis:
 - Patient has inadequate clinical response to NSAIDS or corticosteroids
- For polyarticular juvenile idiopathic arthritis:

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



tocilizumab (Actemra®)

Policy # 00252

Original Effective Date: 07/21/2010

Current Effective Date: 08/14/2023

- Patient has failed treatment to one or more traditional DMARDS
 - Patient has failed treatment with adalimumab (Humira) after at least TWO months of therapy (applicable to subcutaneous requests ONLY)
- For giant cell arteritis:
 - Initial: Patient is 50 years of age or older
 - Initial: Patient is NOT having an adequate response after at least 4 weeks of glucocorticoids alone (e.g. NO signs of the following: ability to reduce glucocorticoid dose, normalization of acute phase reactants [e.g., ESR < 30, CRP < 1], reduction or resolution of signs or symptoms of giant cell arteritis) OR adequate glucocorticoid dose is not tolerated or symptoms progress despite adequate glucocorticoid dose prior to the 4 week mark
 - Continuation: Patient has had a response (e.g., reduced glucocorticoid dose, normalization of acute phase reactants [e.g., ESR < 30, CRP < 1], reduction or resolution of signs or symptoms of giant cell arteritis), as determined by the prescriber.
- For systemic sclerosis associated interstitial lung disease:
 - Initial: Patient has a Forced Vital Capacity (FVC) greater than 55% of the predicted value
 - Initial: Patient has tried and failed (e.g., intolerance or inadequate response) mycophenolate mofetil after at least 6 months of therapy
 - Continuation: Patient is benefitting from the requested medication as supported by provider documentation

When Services Are Considered Investigational

Coverage is not available for investigational medical treatments or procedures, drugs, devices or biological products.

Based on review of available data, the Company considers the use of tocilizumab (Actemra) when patient selection criteria are not met to be **investigational*** (with the exception of those denoted above as **not medically necessary****).

Based on review of available data, the Company considers the use of tocilizumab (Actemra) for indications other than those listed above to be **investigational.***

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



tocilizumab (Actemra®)

Policy # 00252

Original Effective Date: 07/21/2010

Current Effective Date: 08/14/2023

Based on review of available data, the Company considers the use of a dosage form of tocilizumab (Actemra) for indications in which it is not approved (e.g. intravenous form for systemic sclerosis associated interstitial lung disease; subcutaneous form for COVID-19) to be **investigational**.*

Based on review of available data, the Company considers the use of the intravenous form of tocilizumab (Actemra) for COVID-19 in the outpatient setting to be **investigational**.*

Background/Overview

Actemra is a recombinant humanized anti-human interleukin 6 (IL-6) receptor monoclonal antibody of the immunoglobulin IgG1κ (gamma 1, kappa) subclass with a typical H2L2 polypeptide structure that is indicated for treating rheumatoid arthritis, systemic juvenile idiopathic arthritis, polyarticular juvenile idiopathic arthritis, giant cell arteritis, cytokine release syndrome, systemic sclerosis associated interstitial lung disease, and COVID-19 (in hospitalized patients). Single-use vials are available containing 80 mg/4 mL, 200 mg/10 mL, or 400 mg/20 mL of Actemra. In October of 2013, a subcutaneous (SC) dosage form of Actemra was released for the rheumatoid arthritis indication. The SC form of Actemra contains 162 mg of Actemra in 0.9 mL. This 162 mg dosage can also be used for giant cell arteritis, systemic sclerosis associated interstitial lung disease, and both systemic and juvenile idiopathic arthritis.

Dosing for Actemra in rheumatoid arthritis is 4 mg/kg IV every 4 weeks following by an increase to 8 mg/kg IV every 4 weeks based on clinical response. The SC dosing is weight based. In patients less than 100 kg, the dosing is 162 mg administered SC every other week, followed by an increase to every week based on clinical response. For patients at or above 100 kg, the dosing is 162 mg SC every week. Dosing for polyarticular juvenile idiopathic arthritis is weight based. If a patient is less than 30 kg, the dose is 10 mg/kg IV every 4 weeks. If the patient is at or above 30 kg, the dose is 8 mg/kg IV every 4 weeks. As of late 2018, there is a subcutaneous option for dosing for this indication. The dosing for patients less than 30 kg is 162 mg SC every three weeks. For those at or above 30 kg, the SC dose is 162 mg once every two weeks. For systemic juvenile idiopathic arthritis, the dosing is weight based as well. If the patient is less than 30 kg, the dose is 12 mg/kg IV every 2 weeks. If the patient's weight is at or above 30 kg, the dose is 8 mg/kg IV every 2 weeks. As of late 2018, there is a subcutaneous option for dosing for this indication. The dosing for patients less than 30 kg is 162 mg SC every two weeks. For those at or above 30 kg, the SC dose is 162 mg once every

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



tocilizumab (Actemra®)

Policy # 00252

Original Effective Date: 07/21/2010

Current Effective Date: 08/14/2023

week. For giant cell arteritis, the dosing is 162 mg given once every week as a SC injection, in combination with a tapering course of glucocorticoids. A dose of 162 mg given once every other week can be considered. Intravenous dosing for giant cell arteritis is 6 mg/kg every 4 weeks in combination with a tapering course of glucocorticoids. Dosing for cytokine release syndrome is weight based as well. The dose for patients less than 30 kg is 12 mg/kg. For those above 30 kg of weight is 8 mg/kg. The max dose per infusion for cytokine release syndrome is 800 mg/infusion. No more than 4 total infusions of Actemra should be used for cytokine release syndrome. Dosing for systemic sclerosis associated interstitial lung disease is 162 mg given once every week as a SC injection. Dosing for COVID-19 is 8 mg/kg administered by a 60 minute infusion.

Rheumatoid Arthritis

Rheumatoid Arthritis is a chronic (long-term) disease that causes inflammation of the joints and surrounding tissues. It can also affect other organs. It is considered an autoimmune disease. In an autoimmune disease, the immune system confuses healthy tissue for foreign substances. Typically, first line treatments such as traditional DMARDs are used to treat this condition. An example of a traditional DMARD would include methotrexate.

Polyarticular Juvenile Idiopathic Arthritis

Polyarticular juvenile idiopathic arthritis includes the inflammation of joints and presence of arthritis in children. Polyarticular juvenile idiopathic arthritis typically occurs in a symmetrical manner with knees, wrists, and ankles most frequently affected. However certain subgroups of children do have predominantly asymmetrical involvement. Typically, first line treatments such as traditional DMARDs are used to treat this condition. An example of a traditional DMARD would include methotrexate.

Systemic Juvenile Idiopathic Arthritis

Systemic juvenile idiopathic arthritis (formerly known as Still's disease or systemic juvenile rheumatoid arthritis) is a subset of juvenile idiopathic arthritis. Patients often have intermittent fever, rash, and arthritis. The diagnosis of this condition is very difficult due to the lack of specific diagnostic tests coupled with arthritis not being present in the early form of the disease. The diagnosis is typically made clinically based upon intermittent daily, high, spiking fevers for at least two weeks and arthritis. A salmon pink rash may also be present. Typical early treatments include corticosteroids or NSAID products prior to progressing to a biologic product.

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



tocilizumab (Actemra®)

Policy # 00252

Original Effective Date: 07/21/2010

Current Effective Date: 08/14/2023

Disease-Modifying Anti-Rheumatic Drugs

Disease-modifying anti-rheumatic drugs are typically used for the treatment of rheumatoid arthritis and polyarticular juvenile idiopathic arthritis. These drugs slow the disease process by modifying the immune system.

- methotrexate
- cyclosporine
- sulfasalazine
- mercaptopurine
- gold compounds

Giant Cell Arteritis

Giant cell (temporal) arteritis is the most common of the systemic vasculitides and most often, occurs in those age 50 years or older. Typical presentation could include headache, abrupt visual disturbances, jaw claudication, unexplained fever or anemia, as well as elevated ESR and/or CRP. The gold standard for the diagnosis of giant cell arteritis is temporal biopsy. Typically, only a suspicion of giant cell arteritis warrants treatment with a steroid, such as prednisone. The prednisone is often started at a dose of 60 mg/day and is tapered over an extended period of time. In this condition, it would seem that Actemra would be an add on option for those not maintaining control of giant cell arteritis manifestations on prednisone alone.

Cytokine Release Syndrome

T-cells can be genetically modified to target tumors through the expression of a chimeric antigen receptor. To date, the most prevalent adverse effect following infusion of CAR-T cells is the onset of immune activation, also known as cytokine release syndrome. Cytokine release syndrome has also been seen following the infusion of therapeutic monoclonal antibodies, interleukins, etc. The hallmark of cytokine release syndrome is immune activation resulting in elevated inflammatory cytokines. Clinical features include high fever, malaise, fatigue, myalgia, nausea, anorexia, tachycardia/hypotension, capillary leak, cardiac dysfunction, renal impairment, hepatic failure, and disseminated intravascular coagulation. One of the drugs that uses this technology is tisagenlecleucel (Kymriah®)†. Kymriah's package insert defines severe or life-threatening cytokine release syndrome as having either hemodynamic instability despite intravenous fluids and vasopressor support OR worsening respiratory distress, including pulmonary infiltrates, increasing oxygen requirement including high-flow oxygen and/or need for mechanical ventilation OR rapid clinical deterioration.

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



tocilizumab (Actemra®)

Policy # 00252

Original Effective Date: 07/21/2010

Current Effective Date: 08/14/2023

Lower grades of cytokine release syndrome can be treated by antibiotics, symptom support (prodromal syndrome), antipyretics, oxygen, intravenous fluids and/or low dose vasopressors (overt cytokine release syndrome). This is the definition that will be used in the medical policy. Higher degrees of cytokine release syndrome (resistant type) can be treated with additional doses of Actemra, multiple vasopressors, oxygen, and/or methylprednisolone. Currently, the only FDA approved product to treat CAR-T associated cytokine release syndrome is Actemra. No more than 4 total doses should be administered for cytokine release syndrome. The interval should be at least 8 hours between infusions and no infusion should exceed 800 mg.

Systemic Sclerosis Associated Interstitial Lung Disease (SSc-ILD)

Scleroderma is an autoimmune condition affecting the skin and other organs in the body. The main finding in scleroderma is thickening of the skin and other inflammation and scarring of many body parts. There are two major subsets of systemic sclerosis: diffuse cutaneous systemic sclerosis and limited cutaneous systemic sclerosis. As the nomenclature insinuates, the diffuse variety has extensive skin involvement. Patients with this subset are more likely to develop interstitial lung disease. Interstitial lung disease is a frequent complication of systemic sclerosis. Early interstitial lung disease is typically asymptomatic, however it is progressive and has a poor prognosis. Diagnosis involves use of HRCT without the use of contrast so as to avoid pseudo-ground-glass opacities or so-called hurricane artifacts. Treatment of this condition often includes use of an immunosuppressant, such as mycophenolate mofetil or cyclophosphamide. The Scleroderma Lung Study II compared mycophenolate mofetil with cyclophosphamide and found no difference in lung function, however there was better tolerance to mycophenolate mofetil. The only other drug approved by the FDA for this condition is Ofev.

COVID-19

Discussion of COVID-19 is beyond the scope of this medical policy as Actemra is only FDA approved for use in hospitalized patients.

FDA or Other Governmental Regulatory Approval

U.S. Food and Drug Administration (FDA)

Actemra is indicated for treating rheumatoid arthritis, systemic juvenile idiopathic arthritis, polyarticular juvenile idiopathic arthritis, giant cell arteritis, cytokine release syndrome, and systemic sclerosis associated interstitial lung disease, and COVID-19 (in hospitalized patients).

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



tocilizumab (Actemra®)

Policy # 00252

Original Effective Date: 07/21/2010

Current Effective Date: 08/14/2023

Rationale/Source

This medical policy was developed through consideration of peer-reviewed medical literature generally recognized by the relevant medical community, U.S. Food and Drug Administration approval status, nationally accepted standards of medical practice and accepted standards of medical practice in this community, technology evaluation centers, reference to federal regulations, other plan medical policies, and accredited national guidelines.

Rheumatoid Arthritis-Intravenous

The efficacy and safety of Actemra was assessed in five randomized, double-blind, multicenter studies in patients > 18 years with active rheumatoid arthritis diagnosed according to American College of Rheumatology (ACR) criteria. Patients had at least eight tender and six swollen joints at baseline. Actemra was given IV every four weeks as monotherapy (Study I), in combination with methotrexate (Studies II and III) or other DMARDs (Study IV) in patients with an inadequate response to those drugs, or in combination with methotrexate in patients with an inadequate response to TNF antagonists (Study V).

Study I evaluated patients with moderate to severe active rheumatoid arthritis who had not been treated with methotrexate within six months prior to randomization, or who had not discontinued previous methotrexate treatment as a result of clinically important toxic effects or lack of response. In this study, 67% of patients were methotrexate-naïve, and over 40% of patients had rheumatoid arthritis less than two years. Patients received Actemra 8 mg/kg monotherapy or methotrexate alone (dose titrated over eight weeks from 7.5 mg to a maximum of 20 mg weekly). The primary endpoint was the proportion of Actemra patients who achieved an ACR20 response at Week 24.

Study II is an ongoing 2-year study with a planned interim analysis at week 24 that evaluated patients with moderate to severe active rheumatoid arthritis who had an inadequate clinical response to methotrexate. Patients received Actemra 8 mg/kg, Actemra 4 mg/kg, or placebo every 4 weeks, in combination with methotrexate (10 to 25 mg weekly). The primary endpoint at week 24 was the proportion of patients who achieved an ACR20 response.

Study III evaluated patients with moderate to severe active rheumatoid arthritis who had an inadequate clinical response to methotrexate. Patients received Actemra 8 mg/kg, Actemra 4 mg/kg,

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



tocilizumab (Actemra®)

Policy # 00252

Original Effective Date: 07/21/2010

Current Effective Date: 08/14/2023

or placebo every 4 weeks, in combination with methotrexate (10 to 25 mg weekly). The primary endpoint was the proportion of patients who achieved an ACR20 response at week 24.

Study IV evaluated patients who had an inadequate response to their existing therapy, including one or more DMARDs. Patients received Actemra 8 mg/kg or placebo every 4 weeks, in combination with the stable DMARDs. The primary endpoint was the proportion of patients who achieved an ACR20 response at week 24.

Study V evaluated patients with moderate to severe active rheumatoid arthritis who had an inadequate clinical response or were intolerant to one or more TNF antagonist therapies. The TNF antagonist therapy was discontinued prior to randomization. Patients received Actemra 8 mg/kg, Actemra 4 mg/kg, or placebo every 4 weeks, in combination with methotrexate (10 to 25 mg weekly). The primary endpoint was the proportion of patients who achieved an ACR20 response at week 24.

Clinical Response

In all studies, patients treated with 8 mg/kg Actemra had statistically significant ACR20, ACR50, and ACR70 response rates versus methotrexate- or placebo-treated patients at week 24.

Patients treated with Actemra at a dose of 4 mg/kg in patients with inadequate response to DMARDs or TNF antagonist therapy had lower response rates compared to patients treated with Actemra 8 mg/kg.

Rheumatoid Arthritis-Subcutaneous

The efficacy and safety of SC administered Actemra was assessed in two double-blind, controlled, multicenter studies in patients with active rheumatoid arthritis. One study (SC-I) was a non-inferiority study that compared the efficacy and safety of Actemra 162 mg administered every week SC to 8 mg per kg IV every four weeks. The second study (SC-II) was a placebo-controlled superiority study that evaluated the safety and efficacy of Actemra 162 mg administered every other week SC to placebo. Both SC-I and SC-II required patients to be > 18 years of age with moderate to severe active rheumatoid arthritis diagnosed according to ACR criteria who had at least 4 tender and 4 swollen joints at baseline (SC-I) or at least 8 tender and 6 swollen joints at baseline (SC-II), and an inadequate response to their existing DMARD therapy, where approximately 20% also had a history of inadequate response to at least one TNF inhibitor. All patients in both SC studies received background non-biologic DMARD(s). In SC-I, 1262 patients were randomized 1:1 to receive Actemra SC 162 mg every week or Actemra IV 8 mg/kg every four weeks in combination with

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



tocilizumab (Actemra®)

Policy # 00252

Original Effective Date: 07/21/2010

Current Effective Date: 08/14/2023

DMARD(s). In SC-II, 656 patients were randomized 2:1 to Actemra SC 162 mg every other week or placebo, in combination with DMARD(s). The primary endpoint in both studies was the proportion of patients who achieved an ACR20 response at Week 24. In SC-I, the primary outcome measure was ACR20 at Week 24. The pre-specified non-inferiority margin was a treatment difference of 12%. The study demonstrated non-inferiority of Actemra with respect to ACR20 at Week 24; ACR50, ACR70, and DAS28 responses are also shown in Table 7. In SC-II, a greater portion of patients treated with Actemra 162 mg SC every other week achieved ACR20, ACR50, and ACR70 responses compared to placebo-treated patients. Further, a greater proportion of patients treated with Actemra 162 mg SC every other week achieved a low level of disease activity as measured by a DAS28-ESR less than 2.6 at Week 24 compared to those treated with placebo.

Polyarticular Juvenile Idiopathic Arthritis - Intravenous

Actemra was assessed for polyarticular juvenile idiopathic arthritis in a three part study in patients who had an inadequate response to methotrexate or inability to tolerate methotrexate. The primary endpoint was the proportion of patients with a juvenile idiopathic arthritis ACR30 flare at week 40 relative to week 16. Juvenile idiopathic arthritis IA ACR 30 flare was defined as 3 or more of the 6 core outcome variables worsening by at least 30% with no more than 1 of the remaining variables improving by more than 30% relative to Week 16. Actemra treated patients experienced significantly fewer disease flares compared to placebo-treated patients (26% [21/82] versus 48% [39/81]; adjusted difference in proportions -21%, 95% CI: -35%, -8%).

Polyarticular Juvenile Idiopathic Arthritis - Subcutaneous

Actemra SC in polyarticular juvenile idiopathic arthritis was assessed in a 52-week, open-label, multicenter, pharmacokinetic/pharmacodynamic (PK/PD) and safety study to determine the appropriate SC dose of Actemra that achieved comparable PK/PD profiles to the Actemra IV regimen. Polyarticular juvenile idiopathic arthritis patients aged 1 to 17 years with an inadequate response or inability to tolerate methotrexate, including patients with well-controlled disease on treatment with Actemra IV and Actemra-naïve patients with active disease, were treated with Actemra SC based on body weight. Patients weighing at or above 30 kg (n = 25) were treated with 162 mg of Actemra SC every 2 weeks and patients weighing less than 30 kg (n = 27) received 162 mg of Actemra SC every 3 weeks for 52 weeks. The efficacy of subcutaneous Actemra in children 2 to 17 years of age is based on pharmacokinetic exposure and extrapolation of the established efficacy of intravenous Actemra in polyarticular juvenile idiopathic arthritis patients and subcutaneous Actemra in patients with rheumatoid arthritis.

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



tocilizumab (Actemra®)

Policy # 00252

Original Effective Date: 07/21/2010

Current Effective Date: 08/14/2023

Systemic Juvenile Idiopathic Arthritis - Intravenous

The efficacy of Actemra for the treatment of systemic juvenile idiopathic arthritis was assessed in a 12 week randomized, double blind, placebo controlled trial. The primary endpoint of the trial was the proportion of patients with at least 30% improvement in JIA ACR core set (JIA ACR 30 response) at Week 12 and absence of fever (no temperature at or above 37.5°C in the preceding 7 days). Eighty-five percent (85%) of patients in the Actemra group met the primary endpoint vs. 24% in the placebo group.

Systemic Juvenile Idiopathic Arthritis - Subcutaneous

Actemra SC in pediatric patients with systemic juvenile idiopathic arthritis was assessed in a 52-week, open-label, multicenter, PK-PD and safety study to determine the appropriate subcutaneous dose of Actemra that achieved comparable PK/PD profiles to the Actemra IV regimen. Eligible patients received Actemra SC dosed according to body weight, with patients weighing at or above 30 kg (n = 26) dosed with 162 mg of Actemra every week and patients weighing below 30 kg (n = 25) dosed with 162 mg of Actemra every 10 days (n=8) or every 2 weeks (n=17) for 52 weeks. The efficacy of subcutaneous Actemra in children 2 to 17 years of age is based on pharmacokinetic exposure and extrapolation of the established efficacy of intravenous Actemra in systemic juvenile idiopathic arthritis patients.

Giant Cell Arteritis - Subcutaneous

The safety and efficacy of Actemra SC was evaluated in a single, randomized, double-blind, multicenter study in patients with active giant cell arteritis. Patients were placed in four treatment arms. Two doses of Actemra (162 mg once weekly and every other week) were compared to placebo (prednisone taper over 26 weeks and 52 weeks). The study consisted of a 52 week blinded period, followed by a 104 week open label extension. All patients received background prednisone therapy. The primary efficacy endpoint was the proportion of patients achieving sustained remission from week 12 thru week 52. This was defined as 1.) absence of giant cell arteritis signs and symptoms from week 12 thru week 52, 2.) normalization of erythrocyte sedimentation rate (to less than 30 mm/hr without an elevation to greater than or equal to 30 mm/hr attributable to giant cell arteritis) from week 12 to week 52, 3.) normalization of C-reactive protein to less than 1 mg/dL with an absence of successive elevations greater than or equal to 1 mg/dL from week 12 to week 52, and 4.) successful adherence to the prednisone taper defined by not more than 100 mg of excess prednisone from week 12 through week 52. Both arms of the Actemra treated patients showed superiority in achieving sustained remission from week 12 to week 52 compared with placebo plus 26 weeks of

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



tocilizumab (Actemra®)

Policy # 00252

Original Effective Date: 07/21/2010

Current Effective Date: 08/14/2023

prednisone. Both Actemra arms also achieved superiority as compared to the placebo plus 52 weeks of prednisone arm. Percent responders were 14%, 17.6%, 56%, and 53.1% in the placebo plus 26 week prednisone taper, placebo plus 52 week prednisone taper, Actemra once weekly plus prednisone taper, and Actemra every other week plus prednisone taper groups.

Giant Cell Arteritis - Intravenous

Intravenously administered Actemra in patients with giant cell arteritis was assessed in an open-label pharmacokinetic-pharmacodynamic (PK-PD) and safety study to determine the appropriate intravenous dose of Actemra that achieved comparable PK-PD profiles to the Actemra SC regimen. At enrollment, all patients (n=24) were in remission on intravenous Actemra. In Period 1, all patients received open-label intravenous Actemra 7 mg/kg every 4 weeks for 20 weeks. Patients who completed Period 1 and remained in remission (n=22) were eligible to enter Period 2. They received open-label intravenous Actemra 6 mg/kg every 4 weeks for 20 weeks. The efficacy of intravenous Actemra 6 mg/kg in adult patients with giant cell arteritis is based on pharmacokinetic exposure and extrapolation to the efficacy established for subcutaneous Actemra in patients with giant cell arteritis.

Cytokine Release Syndrome

The efficacy of Actemra for the treatment of cytokine release syndrome was assessed in a retrospective analysis of pooled outcome data from clinical trials of CAR-T (chimeric antigen receptor T) cell therapies for hematological malignancies. Patients were given Actemra with or without additional high dose steroids. Resolution of cytokine release syndrome was defined as a lack of fever and off vasopressors for at least 24 hours. Sixty-nine percent (69%) of patients (31), achieved a response.

Systemic Sclerosis Associated Interstitial Lung Disease (SSc-ILD)

The clinical efficacy of Actemra was assessed in a phase 3 multicenter, randomized, double-blind, placebo controlled study in patients with systemic sclerosis (Study WA29767). A phase 2/3 multicenter, randomized, double-blind, placebo controlled study in patients with systemic sclerosis (Study WA27788) provided supportive information. Study WA29767 (NCT02453256) enrolled adult patients with systemic sclerosis defined by the 2013 American College of Rheumatology/European League Against Rheumatism classification criteria for systemic sclerosis, with onset of disease (first non-Raynaud symptom) of ≤ 5 years, modified Rodnan Skin Score (mRSS) of ≥ 10 and ≤ 35 at screening, elevated inflammatory markers (or platelets), and active

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



tocilizumab (Actemra®)

Policy # 00252

Original Effective Date: 07/21/2010

Current Effective Date: 08/14/2023

disease based on at least one of the following: disease duration ≤ 18 months, increase in mRSS ≥ 3 units over 6 months, involvement of one new body area and an increase in mRSS of ≥ 2 over 6 months, or involvement of two new body areas within the previous 6 months, or presence of at least one tendon friction rub. Study WA27788 (NCT01532869) enrolled adult patients with systemic scleroderma with onset of disease ≤ 5 years, mRSS of ≥ 15 and ≤ 40 at screening, active disease, and elevated inflammatory markers or platelets. Patients in both studies were not permitted to use biologic agents (such as TNF antagonists), alkylating agents, or cyclophosphamide.

In Study WA29767, 212 patients were randomized in a 1:1 ratio to receive weekly SC injections of 162 mg of Actemra or placebo during the 48-week, double-blinded, placebo controlled period. Rescue treatment was allowed during the treatment period after 16 weeks for $>10\%$ percent predicted Forced Vital Capacity (ppFVC) decline or after 24 weeks for worsening skin fibrosis. The primary efficacy endpoint was change from baseline at week 48 in mRSS. Change from baseline in FVC at week 48 was a key secondary endpoint.

In the overall population of Study WA29767, there was not a statistically significant difference in the mean change from baseline to week 48 in mRSS (primary endpoint) in patients receiving Actemra compared to placebo (difference: -1.73; 95% CI: -3.78, 0.32). There also was not a statistically significant effect on the primary endpoint of mRSS in Study WA27788.

In the overall population of Study WA29767, patients treated with Actemra, as compared to placebo treated patients, were observed to have less decline from baseline in ppFVC and observed FVC at 48 weeks. FVC results from Study WA27788 were similar.

Of the 212 patients who were randomized in Study WA29767, 68 patients (65%) in the Actemra arm and 68 patients (64%) in the placebo arm had SSc-ILD at baseline, as confirmed by a visual read of high resolution computed tomograph (HRCT) by blinded thoracic radiologists. The mean ppFVC at baseline for patients with SSc-ILD identified by HRCT was 79.6% (median 80.5%). Post-hoc analyses were performed to evaluate results within the subgroups of patients with and without SSc-ILD. The ppFVC and observed FVC results in the overall population were primarily driven by results in the SSc-ILD subgroup. In the SSc-ILD subgroup, the differences in mean changes from baseline to Week 48 for Actemra, as compared to placebo, were 6.47% and 241 mL for ppFVC and observed FVC, respectively. The results of the key FVC secondary endpoints from Study WA29767 support a conclusion of effectiveness of Actemra in reducing the rate of progressive loss of lung

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



tocilizumab (Actemra®)

Policy # 00252

Original Effective Date: 07/21/2010

Current Effective Date: 08/14/2023

function in the study population. However, in settings where a trial does not provide evidence of an effect on the primary endpoint, the estimated magnitude of effect on other endpoints should be interpreted with caution, and comparisons to results of other products and studies may be misleading.

COVID-19

The use of Actemra in patients with COVID-19 is only approved by the FDA in hospitalized patients. The clinical trials for COVID-19 are beyond the scope of this medical policy.

References

1. Food and Drug Administration. Premarket Approval (PMA). Nucleus ABI541 Auditory Food and Drug Administration (FDA). Center for Drug Evaluation and Research (CDER). Drug Information. Tocilizumab (Actemra). Information. Approved 10/2012. Available at: <http://www.fda.gov>.
2. An MM, Zou Z, Shen H, Zhang JD, Cao YB, Jiang YY; The addition of tocilizumab to DMARD therapy for rheumatoid arthritis: a meta-analysis of randomized controlled trials. *EUR J Clin Pharmacol*. 2009 Nov 21.
3. Garnero P, Thompson E, Woodworth T, Smolen JS. Rapid and sustained improvement in bone and cartilage turnover markers with the anti-interleukin-6 receptor inhibitor tocilizumab plus methotrexate in rheumatoid arthritis patients with an inadequate response to methotrexate: Results from a substudy of the multicenter double-blind, placebo-controlled trial of tocilizumab in inadequate responders to methotrexate alone. *Arthritis Rheum*. 2009;62(1):33-43.
4. Kawashiri SY, Kawakami A, Yamasaki S, Imazato T, et al; Effects of the anti-interleukin-6 receptor antibody, tocilizumab, on serum lipid levels in patients with rheumatoid arthritis. *Rheumatol Int*. 2009 Dec 19.
5. Kawashiri SY, Kawakami A, Iwamoto N, Fujikawa K, et al.; Switching to the anti-interleukin-6 receptor antibody tocilizumab in rheumatoid arthritis patients refractory to antitumor necrosis factor biologics. *Mod Rheumatol*. 2009 Oct 3.
6. Tanaka T, Kuwahara Y, Shima Y, Hirano T, et al.; Successful treatment of reactive arthritis with a humanized anti-interleukin-6 receptor antibody, tocilizumab. *Arthritis Rheum*. 2009; 61(12):1762-4.
7. Actemra [Package Insert]. Updated December 2022. Genentech. San Francisco, CA.
8. Bonifant CL, Jackson HJ, Brentjens RJ, et al. Toxicity and management in CAR-T cell therapy. *Molecular Therapy Oncolytics*. 2016.

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



tocilizumab (Actemra®)

Policy # 00252

Original Effective Date: 07/21/2010

Current Effective Date: 08/14/2023

9. Kymriah [package insert]. Novartis Pharmaceuticals Corporation. East Hanover, New Jersey. Updated August 2017.

Policy History

Original Effective Date: 07/21/2010

Current Effective Date: 08/14/2023

07/01/2010	Medical Policy Committee review
07/21/2010	Medical Policy Implementation Committee approval. New policy.
06/02/2011	Medical Policy Committee review
06/15/2011	Medical Policy Implementation Committee approval. Added new FDA indication for systemic juvenile idiopathic arthritis.
06/14/2012	Medical Policy Committee review
06/20/2012	Medical Policy Implementation Committee approval. Added a Note to the criteria for systemic juvenile idiopathic arthritis stating that patients must have had an inadequate clinical response to therapies such as nonsteroidal anti-inflammatory drugs (NSAIDs) or corticosteroids before using tocilizumab (Actemra). The reason for denial will be not medically necessary if this criterion is not met. The not medically necessary denial statement is also incorporated into the Investigational and Not Medically Necessary coverage sections. Deleted the investigational statement regarding non-FDA approved indications, since it is duplicative given the additions to the coverage section.
11/01/2012	Medical Policy Committee review
11/28/2012	Medical Policy Implementation Committee approval. Added new FDA approved indication.
06/06/2013	Medical Policy Committee review
06/25/2013	Medical Policy Implementation Committee approval. Changed some wording to match other similar policies. Added a new indication of polyarticular juvenile idiopathic arthritis with similar criteria as other drugs. Relocated PPD to each indication instead of a note. Reworded the Investigational and Not Medically Necessary sections. Updated some background info.
12/12/2013	Medical Policy Committee review
12/18/2013	Medical Policy Implementation Committee approval. Added requirements for Actemra SubQ requests to have tried both Humira and Enbrel. Updated

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



tocilizumab (Actemra®)

Policy # 00252

Original Effective Date: 07/21/2010

Current Effective Date: 08/14/2023

	Investigational and Not Medically Necessary sections to reflect change. Updated Background/Overview info and Rationale/Source sections to reflect new subQ dosage form of Actemra.
12/04/2014	Medical Policy Committee review
12/17/2014	Medical Policy Implementation Committee approval. No change to coverage.
12/03/2015	Medical Policy Committee review
12/16/2015	Medical Policy Implementation Committee approval. No change to coverage.
12/01/2016	Medical Policy Committee review
12/21/2016	Medical Policy Implementation Committee approval. No change to coverage.
01/01/2017	Coding update: Removing ICD-9 Diagnosis Codes
08/03/2017	Medical Policy Committee review
08/23/2017	Medical Policy Implementation Committee approval. Added indication and information for Giant Cell Arteritis. Clarified TB test. Updated language for combo use of biologics.
11/02/2017	Medical Policy Committee review
11/15/2017	Medical Policy Implementation Committee approval. Removed requirement for Humira and Enbrel prior to Actemra for RA. Added the new FDA approved indication for cytokine release syndrome and subsequent background info and updates.
11/08/2018	Medical Policy Committee review
11/21/2018	Medical Policy Implementation Committee approval. Updated to reflect the new availability of subcutaneous dosing for both systemic and polyarticular juvenile idiopathic arthritis. For the polyarticular variety, the use of Humira will be required first. Updated background information and rationale/source to reflect the new dosage.
11/07/2019	Medical Policy Committee review
11/13/2019	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
10/01/2020	Medical Policy Committee review
10/07/2020	Medical Policy Implementation Committee approval. For rheumatoid arthritis subcutaneous Actemra requests, added a requirement for Humira failure first.
10/01/2021	Coding update
12/02/2021	Medical Policy Committee review

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



Louisiana

tocilizumab (Actemra®)

Policy # 00252

Original Effective Date: 07/21/2010

Current Effective Date: 08/14/2023

- 12/08/2021 Medical Policy Implementation Committee approval. Updated the policy with a new FDA approved indication, systemic sclerosis associated interstitial lung disease (SSc-ILD), along with coverage criteria and background information.
- 12/01/2022 Medical Policy Committee review
- 12/14/2022 Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
- 07/06/2023 Medical Policy Committee review
- 07/12/2023 Medical Policy Implementation Committee approval. Updated the giant cell arteritis criteria to include use of the IV version, which was recently an FDA approved route of administration. Added the dosage limit for the IV version for giant cell arteritis. Added an investigational statement for use in COVID-19 outside of hospitalized patients.

Next Scheduled Review Date: 07/2024

Coding

The five character codes included in the Blue Cross Blue Shield of Louisiana Medical Policy Coverage Guidelines are obtained from Current Procedural Terminology (CPT®)†, copyright 2022 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures performed by physician.

The responsibility for the content of Blue Cross Blue Shield of Louisiana Medical Policy Coverage Guidelines is with Blue Cross and Blue Shield of Louisiana and no endorsement by the AMA is intended or should be implied. The AMA disclaims responsibility for any consequences or liability attributable or related to any use, nonuse or interpretation of information contained in Blue Cross Blue Shield of Louisiana Medical Policy Coverage Guidelines. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Any use of CPT outside of Blue Cross Blue Shield of Louisiana Medical Policy Coverage Guidelines should refer to the most current Current Procedural Terminology which contains the complete and most current listing of CPT codes and descriptive terms. Applicable FARS/DFARS apply.

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



tocilizumab (Actemra®)

Policy # 00252

Original Effective Date: 07/21/2010

Current Effective Date: 08/14/2023

CPT is a registered trademark of the American Medical Association.

Codes used to identify services associated with this policy may include (but may not be limited to) the following:

Code Type	Code
CPT	No codes
HCPCS	J3262
ICD-10 Diagnosis	All related diagnoses

*Investigational – A medical treatment, procedure, drug, device, or biological product is Investigational if the effectiveness has not been clearly tested and it has not been incorporated into standard medical practice. Any determination we make that a medical treatment, procedure, drug, device, or biological product is Investigational will be based on a consideration of the following:

- A. Whether the medical treatment, procedure, drug, device, or biological product can be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and whether such approval has been granted at the time the medical treatment, procedure, drug, device, or biological product is sought to be furnished; or
- B. Whether the medical treatment, procedure, drug, device, or biological product requires further studies or clinical trials to determine its maximum tolerated dose, toxicity, safety, effectiveness, or effectiveness as compared with the standard means of treatment or diagnosis, must improve health outcomes, according to the consensus of opinion among experts as shown by reliable evidence, including:
 1. Consultation with technology evaluation center(s);
 2. Credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community; or
 3. Reference to federal regulations.

**Medically Necessary (or “Medical Necessity”) - Health care services, treatment, procedures, equipment, drugs, devices, items or supplies that a Provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

- A. In accordance with nationally accepted standards of medical practice;

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



tocilizumab (Actemra®)

Policy # 00252

Original Effective Date: 07/21/2010

Current Effective Date: 08/14/2023

- B. Clinically appropriate, in terms of type, frequency, extent, level of care, site and duration, and considered effective for the patient's illness, injury or disease; and
- C. Not primarily for the personal comfort or convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

For these purposes, “nationally accepted standards of medical practice” means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations and the views of Physicians practicing in relevant clinical areas and any other relevant factors.

‡ Indicated trademarks are the registered trademarks of their respective owners.

NOTICE: If the Patient’s health insurance contract contains language that differs from the BCBSLA Medical Policy definition noted above, the definition in the health insurance contract will be relied upon for specific coverage determinations.

NOTICE: Medical Policies are scientific based opinions, provided solely for coverage and informational purposes. Medical Policies should not be construed to suggest that the Company recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.

©2023 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.