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Section:	Prescription Drugs	**Effective Date:**	January 1, 2026
Subsection:	Analgesics and Anesthetics	**Original Policy Date:**	November 15, 2013
Subject:	Actemra	**Page:**	1 of 23

Last Review Date: December 12, 2025

Actemra

Description

Actemra* (tocilizumab)
Avtozma** (tocilizumab-anoh)
Tofidence* (tocilizumab-bavi)
Tyenne (tocilizumab-aazg)

Bolded medications are the preferred products.

*Prior authorization for non-preferred formulations applies only to formulary exceptions

**This medication is currently pending tier determination and may not be available at this time

Background
Actemra and its biosimilars are agents in the class of drugs known as biologic disease modifiers. 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 and its biosimilars) work by blocking certain messenger proteins, known as cytokines, that send signals between those cells. Tocilizumab 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 (RA). Inhibition of IL-6 receptors by tocilizumab leads to a reduction in cytokine and acute phase reactant production (1).

The use of Actemra or its biosimilars for the treatment of COVID-19 should be billed under the medical benefit.

Regulatory Status

FDA-approved indications: Actemra and its biosimilars are interleukin-6 (IL-6) receptor antagonists indicated for treatment of: (2-5)

1. Adult patients with moderately to severely active rheumatoid arthritis (RA) who have had an inadequate response to one or more Disease-Modifying Anti-Rheumatic Drugs (DMARDs).
2. Adult patients with giant cell arteritis
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.
7. Hospitalized adult and pediatric patients aged 2 years and older with coronavirus disease 2019 (COVID-19) who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO).

Off-Label Uses: (6-8)

Per the NCCN compendium, Actemra and its biosimilars have 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 and its biosimilars 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 and its biosimilars. If a serious infection develops, interrupt Actemra and its biosimilars 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 (2-5).

Patients should be tested for latent TB infection prior to initiating Actemra and its biosimilars. Anti-tuberculosis therapy should also be considered prior to initiation of Actemra and its biosimilars 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 (2-5).

Gastrointestinal (GI) perforation may occur, primarily as complications of diverticulitis in RA patients. Actemra and its biosimilars should be used with caution in patients who may be at increased risk for gastrointestinal perforation (2-5).

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 (2-5).

Treatment with Actemra and its biosimilars was associated with a higher incidence of neutropenia. Initiation of Actemra and its biosimilars is not recommended in patients with an absolute neutrophil count (ANC) below 2000 per mm3. Treatment must be withheld if the ANC is 500-1000 cells per mm^3 and resumed at a decreased dose when the ANC is >1000 mm^3. Treatment must be discontinued if the ANC is less than 500 cells per mm^3 (2-5).

Treatment with Actemra and its biosimilars was associated with a reduction in platelet counts. Treatment is not recommended in patients with a platelet count below 100,000 per mm^3 (2-5).

Treatment with Actemra and its biosimilars 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 or its biosimilars (2-5).

Treatment with Actemra and its biosimilars 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 (2-5).

Actemra and its biosimilars have 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 and its biosimilars may be used as monotherapy or concomitantly with methotrexate or other non-biological DMARDs such as hydroxychloroquine, leflunomide, azathioprine, and cyclosporine (2-5).

Treatment with Actemra and its biosimilars 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) (2-5).

Safety and effectiveness of Actemra and its biosimilars 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 (2-5).

Doses exceeding 800 mg per infusion of Actemra or its biosimilars are not recommended in RA or CRS patients (2-5).

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 and its biosimilars may be considered **medically necessary** if the conditions indicated below are met.

Actemra and its biosimilars may be considered **investigational** for all other indications.

Prior-Approval Requirements

The use of Actemra or its biosimilars for the treatment of COVID-19 should be billed under the medical benefit.

Tyenne only

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
        2) Patients at or above 30 kg weight – 162 mg once every 2 weeks
d. 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. 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
    c. Inadequate treatment response to **ONE** of the following:
        i. A 2 week trial of corticosteroids
        ii. A 3 months 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 1)
    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. 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. 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. 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:
    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. 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

Actemra and Tofidence only

Diagnoses

Patient must have **ONE** of the following with provided documentation (e.g., medical records, laboratory reports):

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
        2) Patients at or above 30 kg weight – 162 mg once every 2 weeks
d. 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. 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
    c. Inadequate treatment response to **ONE** of the following:
        i. A 2 week trial of corticosteroids
        ii. A 3 month trial of methotrexate or leflunomide
    d. Patient **MUST** have tried the preferred product (Tyenne) if adjudicated through the pharmacy benefit unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

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 1)
    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. 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. 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
   d. Patient **MUST** have tried the preferred product (Tyenne) if adjudicated through the pharmacy benefit unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

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
   d. Patient **MUST** have tried the preferred product (Tyenne) if adjudicated through the pharmacy benefit unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

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

f. Patient **MUST** have tried the preferred product (Tyenne) if adjudicated through the pharmacy benefit unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

7. Unicentric Castleman's Disease
   a. Disease is relapsed or refractory
   b. 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:
      i. IV infusion: 8 mg/kg every 4 weeks
   g. Patient **MUST** have tried the preferred product (Tyenne) if adjudicated through the pharmacy benefit unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

8. Multicentric Castleman's Disease
   a. Disease has progressed following treatment of relapsed/refractory or progressive disease
   b. 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
   e. Patient **MUST** have tried the preferred product (Tyenne) if adjudicated through the pharmacy benefit unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

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

All approved requests are subject to review by a clinical specialist for final validation and coverage determination once all required documentation has been received. Current utilization, including samples, does not guarantee approval of coverage.

Prior – Approval *Renewal* Requirements

The use of Actemra or its biosimilars for the treatment of COVID-19 should be billed under the medical benefit.

Tyenne only

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
            2) Patients at or above 30 kg weight – 162 mg once every 2 weeks
    c. 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:
        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

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. 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
   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
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

Actemra and Tofidence only

Diagnoses

Patient must have **ONE** of the following with provided documentation (e.g., medical records, laboratory reports):

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
            2) Patients at or above 30 kg weight – 162 mg once every 2 weeks
    c. 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:
        iii. 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

iv. 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

c. Patient **MUST** have tried the preferred product (Tyenne) if adjudicated through the pharmacy benefit unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

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:
      iii. IV infusion: 8 mg/kg every 4 weeks
      iv. Subcutaneous administration: 162 mg every week
   c. 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:
      iii. IV infusion: 6 mg/kg every 4 weeks
      iv. Subcutaneous administration: 162 mg every week
   c. Patient **MUST** have tried the preferred product (Tyenne) if adjudicated through the pharmacy benefit unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

5. Systemic Sclerosis-Associated Interstitial Lung Disease (SSc-ILD)
   a. 18 years of age and older
   b. Prescriber will be dosing the patient within the FDA labeled maintenance dose of the following:
      i. Subcutaneous administration: 162 mg every week
   c. Patient **MUST** have tried the preferred product (Tyenne) if adjudicated through the pharmacy benefit unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

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
    b. Patient **MUST** have tried the preferred product (Tyenne) if adjudicated through the pharmacy benefit unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

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
    b. Patient **MUST** have tried the preferred product (Tyenne) if adjudicated through the pharmacy benefit unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

AND ALL of the following for all indications:

1. Condition has improved or stabilized
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

All approved requests are subject to review by a clinical specialist for final validation and coverage determination once all required documentation has been received. Current utilization, including samples, does not guarantee approval of coverage.

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Quantity

Route of Administration	Diagnosis	Strength	Quantity
Subcutaneous	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	Weight < 30kg 4 units per 84 days Weight ≥ 30kg 6 units per 84 days
	Systemic Juvenile Idiopathic Arthritis	162 mg/ 0.9 mL	Weight < 30kg 6 units per 84 days Weight ≥ 30kg 12 units per 84 days
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	Weight < 30kg 10 mg/kg every 4 weeks Weight ≥ 30kg 8 mg/kg every 4 weeks
	Systemic Juvenile Idiopathic Arthritis	80 mg 200 mg 400 mg	Weight < 30kg 12 mg/kg every 2 weeks Weight ≥ 30kg 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)

Route of Administration	Diagnosis	Strength	Quantity

Subcutaneous	Giant cell arteritis Rheumatoid Arthritis Systemic Sclerosis-Associated Interstitial Lung Disease	162 mg/0.9 mL	12 units per 84 days
	Polyarticular Juvenile Idiopathic Arthritis	162 mg/0.9 mL	Weight < 30kg 4 units per 84 days Weight ≥ 30kg 6 units per 84 days
	Systemic Juvenile Idiopathic Arthritis	162 mg/0.9 mL	Weight < 30kg 6 units per 84 days Weight ≥ 30kg 12 units per 84 days
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	Weight < 30kg 10 mg/kg every 4 weeks Weight ≥ 30kg 8 mg/kg every 4 weeks
	Systemic Juvenile Idiopathic Arthritis	80 mg 200 mg 400 mg	Weight < 30kg 12 mg/kg every 2 weeks Weight ≥ 30kg 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) and its biosimlars are interleukin-6 (IL-6) receptor antagonists 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 and its biosimilars have shown efficacy in the off-label treatment of unicentric and multicentric castleman's disease. 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 and its biosimilars should not be administered in patients with an active infection, including localized infections. Treatment with Actemra and its biosimilars is not recommended in patients with active hepatic disease or hepatic impairment. Actemra and its biosimilars may be used as monotherapy or concomitantly with methotrexate or other non-biological DMARDs. Actemra and its biosimilars have not been studied in combination with biological DMARs and their use should be avoided in combination with biological DMARDs. Safety and effectiveness of Actemra and its biosimilars 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).

The use of Actemra or its biosimilars for the treatment of COVID-19 should be billed under the medical benefit.

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

References

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Policy History

Date	Action

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 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 Addition of Appendix 1 - List of DMARDs
June 2018	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 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
September 2022	Annual review and reference update
January 2023	Per PI update, addition of COVID-19 to criteria noting that it must be billed under the medical benefit
March 2023	Annual review and reference update
October 2023	Per FEP, changed Appendix 3 so that patients can t/f any one preferred product
December 2023	Annual review
March 2024	Annual review and reference update
July 2024	Addition of biosimilars Tyenne and Tofidence to policy
September 2024	Annual review
March 2025	Annual review and reference update
June 2025	Annual review. Addition of biosimilar Avtozma

December 2025	Annual editorial review and reference update. Per FEP, changed preferred product to Tyenne only. Added documentation requirement for brand Actemra and Tofidence

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on December 12, 2025 and is effective on January 1, 2026.

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
bimekizumab-bkzx	Bimzelx
brodalumab	Siliq
certolizumab	Cimzia
etanercept	Enbrel
golimumab	Simponi/Simponi Aria
guselkumab	Tremfya
infliximab	Remicade
infliximab-dyyb	Zymfentra
ixekizumab	Taltz
risankizumab-rzaa	Skyrizi
rituximab	Rituxan
sarilumab	Kevzara
secukinumab	Cosentyx
spesolimab-sbzo	Spevigo
tildrakizumab-asmn	Ilumya
tocilizumab	Actemra
ustekinumab	Stelara
vedolizumab	Entyvio

Targeted synthetic disease-modifying antirheumatic drugs (DMARDs)

Generic Name	Brand Name
apremilast	Otezla

baricitinib	Olumiant
deucravacitinib	Sotyktu
tofacitinib	Xeljanz/XR
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

List of preferred products:
https://info.caremark.com/content/dam/enterprise/caremark/microsites/dig/pdfs/pa-fep/fep-misc/FEP_IndicationMedChx.pdf

Refer to formulary documents for confirmation of coverage:
https://www.fepblue.org/pharmacy/prescriptions#drug-lists