Reference number
1959-A

SPECIALTY GUIDELINE MANAGEMENT

ACTEMRA (tocilizumab)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indications
1. Adult patients with moderately to severely active rheumatoid arthritis who have had an inadequate response to one or more disease-modifying antirheumatic drugs (DMARDs).
2. Patients 2 years of age and older with active polyarticular juvenile idiopathic arthritis.
3. Patients 2 years of age and older with active systemic juvenile idiopathic arthritis.
4. Adult patients with giant cell arteritis (GCA).
5. Adult patients with systemic sclerosis-associated interstitial lung disease (SSc-ILD) for slowing the rate of decline in pulmonary function.
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 (CRS).

B. Compendial Uses
1. Unicentric Castleman's disease
2. Multicentric Castleman's disease
3. Oligoarticular juvenile idiopathic arthritis
4. Refractory/severe immunotherapy-related inflammatory arthritis not responding to corticosteroids and anti-inflammatory agents
5. Acute graft versus host disease
6. Cytokine release syndrome (other than severe or life-threatening CAR T cell-induced CRS)

All other indications are considered experimental/investigational and not medically necessary.

II. DOCUMENTATION

Submission of the following information is necessary to initiate the prior authorization review:

A. Rheumatoid arthritis (RA)
1. Initial requests:
   i. Chart notes, medical record documentation, or claims history supporting previous medications tried (if applicable), including response to therapy. If therapy is not advisable, documentation of clinical reason to avoid therapy.
   ii. Laboratory results, chart notes, or medical record documentation of biomarker testing (i.e., rheumatoid factor [RF], anti-cyclic citrullinated peptide [anti-CCP], and C-reactive protein [CRP] and/or erythrocyte sedimentation rate [ESR]) (if applicable).
2. Continuation requests: Chart notes or medical record documentation supporting positive clinical response.

B. Articular juvenile idiopathic arthritis or systemic juvenile idiopathic arthritis (sJIA):

© 2021 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.

1. Initial requests: Chart notes, medical record documentation, or claims history supporting previous medications tried (if applicable), including response to therapy. If therapy is not advisable, documentation of clinical reason to avoid therapy.
2. Continuation requests: Chart notes or medical record documentation supporting positive clinical response.

C. Cytokine release syndrome, immunotherapy-related inflammatory arthritis, and graft versus host disease: For initial requests: Chart notes, medical record documentation, or claims history supporting previous medications tried (if applicable), including response to therapy. If therapy is not advisable, documentation of clinical reason to avoid therapy.

D. Giant cell arteritis (GCA): For continuation requests: Chart notes or medical record documentation supporting positive clinical response.

E. Systemic sclerosis-associated interstitial lung disease (SSc-ILD): For initial requests: Result of a chest high-resolution computed tomography (HRCT) study.

III. CRITERIA FOR INITIAL APPROVAL

A. Moderately to severely active rheumatoid arthritis (RA)

1. Authorization of 12 months may be granted for members who have previously received a biologic or targeted synthetic DMARD (e.g., Rinvoq, Xeljanz) indicated for moderately to severely active rheumatoid arthritis.

2. Authorization of 12 months may be granted for treatment of moderately to severely active RA when all of the following criteria are met:
   i. Member meets either of the following criteria:
      a. Member has been tested for either of the following biomarkers and the test was positive:
         1. Rheumatoid factor (RF)
         2. Anti-cyclic citrullinated peptide (anti-CCP)
      b. Member has been tested for ALL of the following biomarkers:
         1. RF
         2. Anti-CCP
         3. C-reactive protein (CRP) and/or erythrocyte sedimentation rate (ESR)
   ii. Member meets either of the following criteria:
      a. Member has experienced an inadequate response to at least a 3-month trial of methotrexate despite adequate dosing (i.e., titrated to at least 15 mg/week).
      b. Member has an intolerance or contraindication to methotrexate (see Appendix A).

B. Active articular juvenile idiopathic arthritis

1. Authorization of 12 months may be granted for members who have previously received a biologic or targeted synthetic DMARD indicated for active articular juvenile idiopathic arthritis.

2. Authorization of 12 months may be granted for treatment of active articular juvenile idiopathic arthritis when any of the following criteria are met:
   i. The member had an inadequate response to methotrexate or another non-biologic DMARD administered at an adequate dose and duration.
   ii. The member has risk factors (see Appendix B) and the member also meets one of the following:
      a. High-risk joints are involved (e.g., cervical spine, wrist, or hip).
      b. High disease activity.

© 2021 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.

c. Are judged to be at high risk for disabling joint disease.

C. Active Systemic Juvenile Idiopathic Arthritis (sJIA)

1. Authorization of 12 months may be granted for members who have previously received a biologic indicated for active systemic juvenile idiopathic arthritis.

2. Authorization of 12 months may be granted for treatment of active sJIA when any of the following criteria is met:
   i. Member has an inadequate response to at least a 1-month trial of nonsteroidal anti-inflammatory drugs (NSAIDs).
   ii. Member has an inadequate response to at least a 2-week trial of corticosteroids.
   iii. Member has an inadequate response to at least a 3-month trial of methotrexate or leflunomide.

D. Giant Cell Arteritis

Authorization of 12 months may be granted for treatment of giant cell arteritis when the member's diagnosis was confirmed by the following:

1. Temporal artery biopsy or cross-sectional imaging; or
2. Acute-phase reactant elevation (i.e., high erythrocyte sedimentation rate [ESR] and/or high serum C-reactive protein [CRP]).

E. Systemic Sclerosis-Associated Interstitial Lung Disease (SSc-ILD)

Authorization of 12 months may be granted for treatment of sclerosis-associated interstitial lung disease when the diagnosis was confirmed by a high-resolution computed tomography (HRCT) study of the chest.

F. Cytokine release syndrome

1. Authorization of 1 month may be granted for treatment of chimeric antigen receptor (CAR) T cell-induced cytokine release syndrome (CRS).
2. Authorization of 1 month may be granted for treatment of cytokine release syndrome in members with refractory CRS related to blinatumomab therapy.

G. Unicentric Castleman's Disease

Authorization of 12 months may be granted for treatment of unicentric Castleman's disease when all of the following are met:

1. The member is HIV-negative.
2. The member is human herpesvirus-8-negative.
3. The requested drug will be used as monotherapy.
4. The requested drug is being used as second-line therapy for relapsed/refractory disease.

H. Multicentric Castleman's Disease

Authorization of 12 months may be granted for treatment of multicentric Castleman's disease when both of the following are met:

1. The requested drug will be used as monotherapy.
2. The requested drug is being used as second-line therapy for relapsed/refractory or progressive disease.

I. Immunotherapy-related Inflammatory Arthritis

Authorization of 12 months may be granted for treatment of severe/refractory immunotherapy-related inflammatory arthritis that is not responding to corticosteroids and anti-inflammatory agents.

J. Acute graft versus host disease

© 2021 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.

Authorization of 12 months may be granted for treatment of acute graft versus host disease when either of the following criteria is met:
1. Member has experienced an inadequate response to systemic corticosteroids.
2. Member has an intolerance or contraindication to corticosteroids.

IV. CONTINUATION OF THERAPY

A. Moderately to severely active RA

Authorization of 12 months may be granted for all members (including new members) who are using the requested medication for moderately to severely active RA and who achieve or maintain a positive clinical response as evidenced by disease activity improvement of at least 20% from baseline in tender joint count, swollen joint count, pain, or disability.

B. Active articular juvenile idiopathic arthritis

Authorization of 12 months may be granted for all members (including new members) who are using the requested medication for active articular juvenile idiopathic arthritis and who achieve or maintain a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition when there is improvement in any of the following from baseline:
1. Number of joints with active arthritis (e.g., swelling, pain, limitation of motion)
2. Number of joints with limitation of movement
3. Functional ability

C. Active Systemic Juvenile Idiopathic Arthritis (sJIA)

Authorization of 12 months may be granted for all members (including new members) who are using the requested medication for active sJIA and who achieve or maintain a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition when there is improvement in any of the following from baseline:
1. Number of joints with active arthritis (e.g., swelling, pain, limitation of motion)
2. Number of joints with limitation of movement
3. Functional ability
4. Systemic symptoms (e.g., fevers, evanescent skin rashes)

D. Giant Cell Arteritis (GCA)

Authorization of 12 months may be granted for all members (including new members) who are using the requested medication for GCA and who achieve or maintain a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition when there is improvement in any of the following from baseline:
1. Headaches
2. Scalp tenderness
3. Tenderness and/or thickening of superficial temporal arteries
4. Constitutional symptoms (e.g., weight loss, fever, fatigue, night sweats)
5. Jaw and/or tongue claudication
6. Acute visual symptoms (e.g., amaurosis fugax, acute visual loss, diplopia)
7. Symptoms of polymyalgia rheumatica (e.g., shoulder and/or hip girdle pain)
8. Limb claudication

E. Systemic Sclerosis-Associated Interstitial Lung Disease (SSc-ILD)

Authorization of 12 months may be granted for all members (including new members) who are using the requested medication for SSc-ILD when the member is currently receiving treatment with Actemra, excluding when Actemra is obtained as samples or via manufacturer's patient assistance programs.

© 2021 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.

F. Cytokine release syndrome, immunotherapy-related inflammatory arthritis, and graft versus host disease
All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

G. All other diagnoses
Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in Section III when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

V. OTHER

For all indications: Member has had a documented negative TB test (which can include a tuberculosis skin test [PPD], an interferon-release assay [IGRA], or a chest x-ray)* within 6 months of initiating therapy for persons who are naïve to biologic DMARDs or targeted synthetic DMARDs associated with an increased risk of TB, and repeated yearly for members with risk factors** for TB that are continuing therapy with biologics.

* If the screening testing for TB is positive, there must be further testing to confirm there is no active disease. Do not administer the requested medication to members with active TB infection. If there is latent disease, TB treatment must be started before initiation of the requested medication.

** Risk factors for TB include: Persons with close contact to people with infectious TB disease; persons who have recently immigrated from areas of the world with high rates of TB (e.g., Africa, Asia, Eastern Europe, Latin America, Russia); children less than 5 years of age who have a positive TB test; groups with high rates of TB transmission (e.g., homeless persons, injection drug users, persons with HIV infection); persons who work or reside with people who are at an increased risk for active TB (e.g., hospitals, long-term care facilities, correctional facilities, homeless shelters).

For all indications: Member cannot use the requested medication concomitantly with any other biologic DMARD or targeted synthetic DMARD.

VI. DOSAGE AND ADMINISTRATION

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

VII. APPENDICES

Appendix A: Examples of contraindications to methotrexate
1. Clinical diagnosis of alcohol use disorder, 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

© 2021 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.

9. Pregnancy or currently planning pregnancy
10. Renal impairment
11. Significant drug interaction

Appendix B: Risk factors for articular juvenile idiopathic arthritis

1. Positive rheumatoid factor
2. Positive anti-cyclic citrullinated peptide antibodies
3. Pre-existing joint damage

VIII. REFERENCES

1. Actemra [package insert]. South San Francisco, CA: Genentech, Inc.; March 2021.
2. The NCCN Drugs & Biologics Compendium. © 2021 National Comprehensive Cancer Network, Inc. https://www.nccn.org. Accessed January 12, 2021.
3. Singh JA, Saag KG, Bridges SL Jr, et al. 2015 American College of Rheumatology Guideline for the Treatment of Rheumatoid Arthritis. *Arthritis Rheumatol.* 2016;68(1)1-26.
4. Smolen JS, Landewé R, Bijlsma J, et al. EULAR recommendations for the management of rheumatoid arthritis with synthetic and biological disease-modifying antirheumatic drugs: 2019 update. *Ann Rheum Dis.* 2020*;79*:685-699.
5. Beukelman T, Patkar NM, Saag KG, et al. 2011 American College of Rheumatology recommendations for the treatment of juvenile idiopathic arthritis: initiation and safety monitoring of therapeutic agents for the treatment of arthritis and systemic features. *Arthritis Care Res*. 2011;63(4):465-482.
6. Ringold S, Weiss PF, Beukelman T, et al. 2013 Update of the 2011 American College of Rheumatology Recommendations for the Treatment of Juvenile Idiopathic Arthritis: Recommendations for the Medical Therapy of Children With Systemic Juvenile Idiopathic Arthritis and Tuberculosis Screening Among Children Receiving Biologic Medications. *Arthritis & Rheumatism.* 2013;65:2499-2512.
7. Ringold S, Angeles-Han S, Beukelman T, et al. 2019 American College of Rheumatology/Arthritis Foundation Guideline for the Treatment of Juvenile Idiopathic Arthritis: Therapeutic Approaches for Non-Systemic Polyarthritis, Sacroiliitis, and Enthesitis. *American College of Rheumatology.* 2019;1-18.
8. Stone JH, Tuckwell K, Dimonaco S, et al. Efficacy and safety of tocilizumab in patients with giant cell arteritis: Primary and secondary outcomes from a phase 3, randomized, double-blind, placebo-controlled trial. 2016 ACR/ARHP Annual meeting. Abstract number 911.
9. Hellmich B, Agueda A, Monti S, et al. 2018 Update of the EULAR recommendations for the management of large vessel vasculitis. *Ann Rheum Dis*. 2020;79(1):19-30.
10. Tuberculosis (TB). TB risk factors. Centers for Disease Control and Prevention. Retrieved on January 11, 2021 from: https://www.cdc.gov/tb/topic/basics/risk.htm.
11. Aletaha D, Neogi T, Silman, et al. 2010 Rheumatoid arthritis classification criteria: an American College of Rheumatology/European League Against Rheumatism collaborative initiative. *Arthritis Rheum*. 2010;62(9):2569-81.
12. Khanna D, Lin CJF, Furst DE, et al. Tocilizumab in systemic sclerosis: a randomised, double-blind, placebo-controlled, phase 3 trial. *Lancet Respir Med*. 2020;8(10):963-974.
13. Smolen JS, Aletaha D. Assessment of rheumatoid arthritis activity in clinical trials and clinical practice. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. Available with subscription. URL: www.uptodate.com. Accessed March 19, 2021.
14. Fraenkel L, Bathon JM, England BR, et al. 2021 American College of Rheumatology guideline for the treatment of rheumatoid arthritis. *Arthrit Care Res*. 2021;0:1-16.

© 2021 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.