

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### tocilizumab (Actemra)

#### Notes:

- Quantity Limit: Yes

**Initiation (new start) criteria:** Non-formulary **tocilizumab (Actemra)** will be covered on the prescription drug benefit when the following criteria are met:

1. Patient has a diagnosis of rheumatoid arthritis/inflammatory arthritis
  - Prescriber is a rheumatologist
  - Patient has tried and failed or is intolerant to as least 1 of the following:
    - Methotrexate
    - Hydroxychloroquine
    - Sulfasalazine
    - Leflunomide
2. Patient has a diagnosis of giant cell arteritis
  - Prescriber is a rheumatologist
  - Patient is unable to taper glucocorticoid treatment without disease relapse
3. Patient has a diagnosis of juvenile idiopathic arthritis
  - Prescriber is a rheumatologist
  - Patient is 2 years of age or older
  - Patient has tried and failed/intolerant to at least 1 of the following:
    - Methotrexate
    - Hydroxychloroquine
    - Sulfasalazine
    - Leflunomide
4. Patient has a diagnosis of Systemic Sclerosis-Associated Interstitial Lung Disease (SSc-ILD)
  - Prescriber is a pulmonologist
  - Patient is at least 18 years of age.
  - High-resolution computed tomography (HRCT) imaging demonstrating pulmonary fibrosis involving at least 10% of the lungs.
  - Patient has a history of prior treatment with mycophenolate prescribed for SSc-ILD, or is presently receiving treatment with mycophenolate, or patient has a documented intolerance or contraindication to mycophenolate.
  - Patient is not receiving treatment with nintedanib.

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Revised: 08/12/21  
Effective: 10/07/21

All plans offered and underwritten by  
Kaiser Foundation Health Plan of the Northwest

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### tocilizumab (Actemra)

**Criteria for *current Kaiser Permanente members* already taking the medication who have not been reviewed previously AND criteria for *new members* entering Kaiser Permanente already taking the medication who have not been reviewed previously:**

1. Patient has a diagnosis of rheumatoid arthritis/inflammatory arthritis, giant cell arteritis, or juvenile idiopathic arthritis.
  - Prescriber is a rheumatologist
2. Patient has a diagnosis of Systemic Sclerosis-Associated Interstitial Lung Disease (SSc-ILD)
  - Prescriber is a pulmonologist

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