

Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

tocilizumab-aazg subcutaneous (Tyenne SC)

Notes:

- Quantity Limits: Yes
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria: Formulary **tocilizumab-aazg subcutaneous (Tyenne SC)** will be covered on the prescription drug benefit when the following criteria are met:

1. Patient has a diagnosis of rheumatoid arthritis/inflammatory arthritis and prescriber is a rheumatologist
 - Patient is 18 years of age or older
 - Patient has tried and failed/intolerant* to at least 1 non-biologic DMARD:
 - Methotrexate
 - Hydroxychloroquine
 - Sulfasalazine
 - Leflunomide
2. Patient has a diagnosis of giant cell arteritis and prescriber is a rheumatologist
 - Patient is 18 years of age or older
 - Patient is unable to taper glucocorticoid treatment without disease relapse
3. Patient has a diagnosis of juvenile idiopathic arthritis and prescriber is a rheumatologist
 - Patient is 2 years of age or older
 - Patient has tried and failed/intolerant* to at least 1 non-biologic DMARD:
 - Methotrexate
 - Hydroxychloroquine
 - Sulfasalazine
 - Leflunomide

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4. Patient has a diagnosis of systemic sclerosis-associated interstitial lung disease (SSc-ILD) and prescriber is a pulmonologist
 - Patient is 18 years of age or older
 - 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 receiving treatment with nintedanib

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Formulary **tocilizumab-aazg subcutaneous (Tyenne SC)** will be covered on the prescription drug benefit when the following criteria are met:

1. Patient has a diagnosis of rheumatoid arthritis/inflammatory arthritis, giant cell arteritis, or juvenile idiopathic arthritis and prescriber is a rheumatologist
2. Patient has a diagnosis of systemic sclerosis-associated interstitial lung disease (SSc-ILD) and prescriber is a pulmonologist