

**Texas Prior Authorization Program
Clinical Edit Criteria**

Drug/Drug Class**Actemra (Tocilizumab)****Clinical Edit Information Included in this Document****Actemra (Tocilizumab)**

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical edit
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical edit criteria rules
- **Logic diagram:** a visual depiction of the clinical edit criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes)
- **References:** clinical publications and sources relevant to this clinical edit

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

- N/A, initial publication



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Drugs Requiring Prior Authorization

Actemra	
Label Name	GCN
ACTEMRA 162MG/0.9ML SYRINGE	35486



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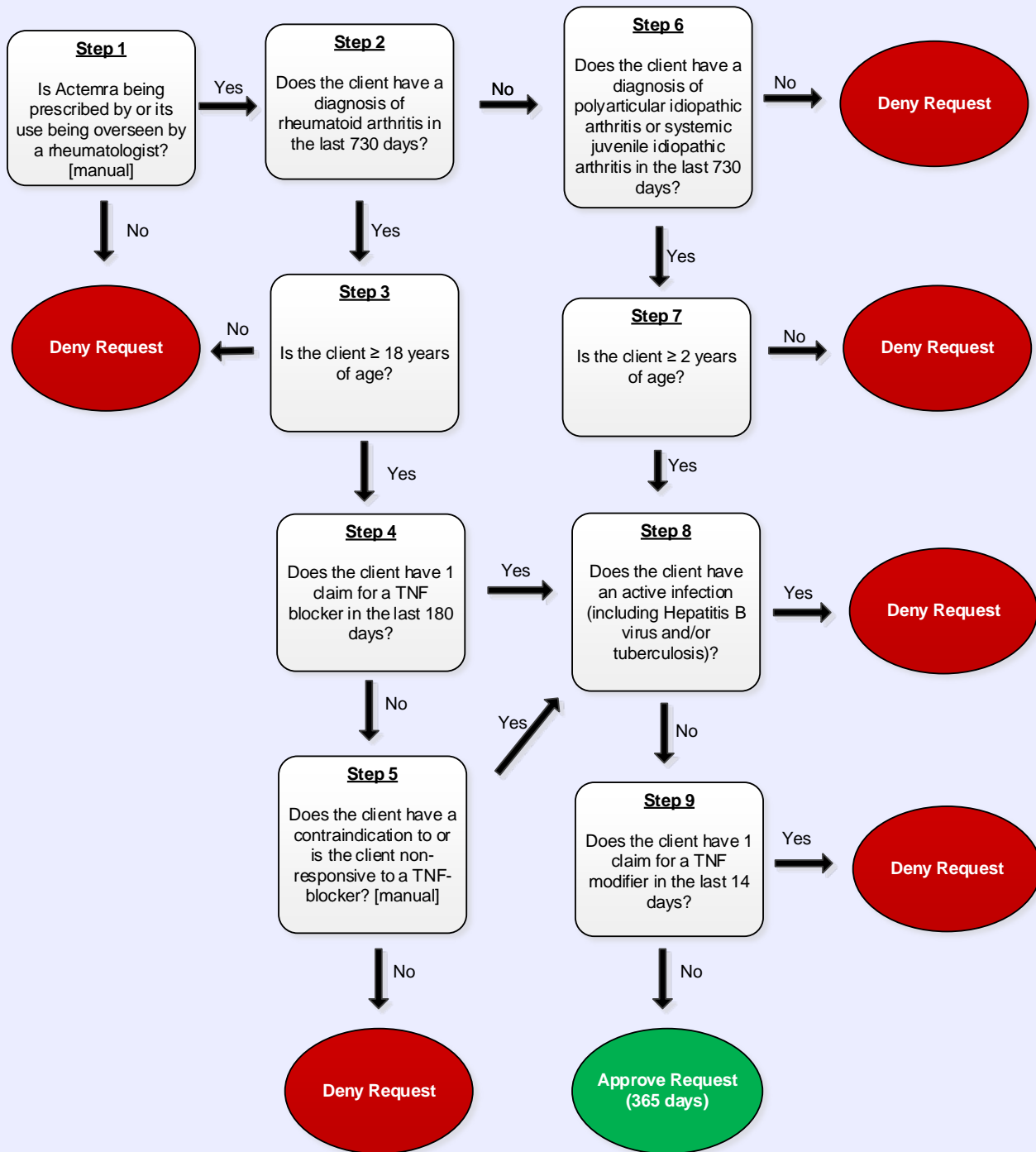
Clinical Edit Criteria Logic

1. Is Actemra being prescribed by or its use being overseen by a rheumatologist? [manual]
 Yes – Go to #2
 No – Deny
2. Does the client have a diagnosis of rheumatoid arthritis in the last 730 days?
 Yes – Go to #3
 No – Go to #6
3. Is the client ≥ 18 years of age?
 Yes – Go to #4
 No – Deny
4. Does the client have 1 claim for a TNF blocker in the last 180 days?
 Yes – Go to #8
 No – Go to #5
5. Does the client have a contraindication to or is the client non-responsive to a TNF-blocker? [manual]
 Yes – Go to #8
 No – Deny
6. Does the client have a diagnosis of polyarticular idiopathic arthritis or systemic juvenile idiopathic arthritis in the last 730 days?
 Yes – Go to #7
 No – Deny
7. Is the client ≥ 2 years of age?
 Yes – Go to #8
 No – Deny
8. Does the client have an active infection (including Hepatitis B virus and/or tuberculosis) in the last 180 days?
 Yes – Deny
 No – Go to #9
9. Does the client have 1 claim for a TNF modifier in the last 14 days?
 Yes – Deny
 No – Approve (365 days)



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Clinical Edit Criteria Logic Diagram





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Clinical Edit Criteria Supporting Tables

Step 2 (diagnosis of Rheumatoid Arthritis)	
Required quantity: 1	
Look back timeframe: 730 days	
ICD-9 Code	Description
714.0	RHEUMATOID ARTHRITIS
ICD-10 Code	Description
M06.8	OTHER SPECIFIED RHEUMATOID ARTHRITIS
M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED

Step 4 (prior therapy with a TNF blocker)	
Required quantity: 1	
Look back timeframe: 180 days	
GCN	Description
99615	CIMZIA 200MG VIAL KIT
23471	CIMZIA 200MG/ML SYRINGE KIT
52651	ENBREL 25MG KIT
98398	ENBREL 25MG/0.5ML SYRINGE
97724	ENBREL 50MG/ML SURECLICK SYRINGE
23574	ENBREL 50MG/ML SYRINGE
99439	HUMIRA 20MG/0.4ML SYRINGE
97005	HUMIRA 40MG/0.8ML PEN
18924	HUMIRA 40MG/0.8ML SYRINGE
97005	HUMIRA STARTER PACK
61501	REMICADE 100MG VIAL
35001	SIMPONI 100MG/ML PEN INJECTOR
34697	SIMPONI 100MG/ML SYRINGE
22533	SIMPONI 50MG/0.5ML PEN INJECTOR
22536	SIMPONI 50MG/0.5ML SYRINGE
34983	SIMPONI ARIA 50MG/4ML VIAL



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Clinical Edit Criteria Supporting Tables

Step 6 (diagnosis of Polyarticular Idiopathic Arthritis or Systemic Juvenile Idiopathic Arthritis) Required quantity: 1 Look back timeframe: 730 days	
ICD-9 Code	Description
714.3	JUVENILE CHRONIC POLYARTHRITIS
ICD-10 Code	Description
M08.0	UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS
M08.2	JUVENILE RHEUMATOID ARTHRITIS WITH SYSTEMIC ONSET
M08.3	JUVENILE RHEUMATOID POLYARTHRITIS (SERONEGATIVE)
M08.4	PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS

Step 8 (Active infection) Required quantity: 1 Look back timeframe: 180 days	
ICD-9 Code	Description
070.2	VIRAL HEPATITIS B WITH HEPATIC COMA
070.3	VIRAL HEPATITIS B WITHOUT MENTION OF HEPATIC COMA
010	PRIMARY TUBERCULOUS INFECTION
011	PULMONARY TUBERCULOSIS
012	OTHER RESPIRATORY TUBERCULOSIS
484.6	PNEUMONIA IN ASPERGILLOSIS
136.3	PNEUMOCYSTOSIS
ICD-10 Code	Description
B16	ACUTE HEPATITIS B
B18.0	CHRONIC VIRAL HEPATITIS B WITH DELTA-AGENT
B18.1	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT
B19.1	UNSPECIFIED VIRAL HEPATITIS B
A15	RESPIRATORY TUBERCULOSIS
B44	ASPERGILLOSIS
B59	PNEUMOCYSTOSIS



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Clinical Edit Criteria Supporting Tables

Step 9 (therapy with a TNF modifier) Required quantity: 1 Look back timeframe: 14 days	
GCN	Description
30137	ARZERRA 1000MG/50ML VIAL
27827	ARZERRA 100MG/5ML VIAL
14867	KINERET 100MG/0.67ML SYRINGE
30289	ORENCIA 125MG/ML SYRINGE
26306	ORENCIA 250MG VIAL
70151	RITUXAN 10MG/ML VIAL



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Clinical Edit Criteria References

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier / Gold Standard, Inc. 2014. Available at <http://www.clinicalpharmacology.com>. Accessed on March 26, 2014.
2. 2014 ICD-9-CM Diagnosis Codes, Volume 1. 2013. Available at <http://www.icd9data.com/>. Accessed on March 26, 2014.
3. 2014 ICD-10-CM Diagnosis Codes, Volume 1. 2013. Available at <http://www.icd9data.com/>. Accessed on March 26, 2014.
4. Actemra Prescribing Information. Genetech, Inc. South San Francisco, CA. October 2013.

Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes