MEDICAL POLICY

POLICY TITLE	TOCILIZUMAB (ACTEMRA®)
POLICY NUMBER	MP-2.148

Original Issue Date (Created):	**May 1, 2010**
Most Recent Review Date (Revised):	**September 24, 2013**
Effective Date:	**December 1, 2013**

I. POLICY

Tocilizumab (Actemra®) injection is approved by the U.S. Food and Drug Administration (FDA) for the following indications:

- Adult patients with moderately to severely active rheumatoid arthritis who have had an inadequate response to one or more Disease-Modifying Anti-Rheumatic Drugs (DMARDs)
- Pediatric patients 2 years of age and older with active systemic juvenile idiopathic arthritis (SJIA).
- Pediatric patients 2 years of age and older with Polyarticular Juvenile Idiopathic Arthritis (PJIA)

Preauthorization is required for injectable Tocilizumab (Actemra®):

Note: Requests for Tocilizumab (Actemra®) must be accompanied by a completed preauthorization form prior to treatment, at 12 weeks, and every 6 months during treatment. (retreatment may be considered medically necessary according to policy criteria).

Note: Patients must be tested for latent tuberculosis prior to receiving Tocilizumab; if positive; treatment for TB should be started prior to starting Tocilizumab (Actemra®).

Various index tools have been developed to assess the severity and monitor the efficacy of treatment. Any appropriate index form may be used providing improvement can be measured.

Note: Initial Authorization

If the patient has been maintained on successful treatment with Tocilizumab (Actemra®) for at least six months prior to this initial authorization with Capital BlueCross, tocilizumab (Actemra®) may be considered **medically necessary**.

POLICY TITLE	TOCILIZUMAB (ACTEMRA®)
POLICY NUMBER	MP-2.148

Initial Therapy

Adult

Tocilizumab (Actemra®) may be considered **medically necessary** to treat adult patients with moderately to severely active rheumatoid arthritis (RA) alone, or in combination with methotrexate or other non-biologic disease modifying anti-rheumatic drugs (DMARDs) such as sulphalazine, cyclophosphamide, hydroxychloroquinine, and leflunomide when the following are met:

- Consulting rheumatologist recommends treatment with tocilizumab (Actemra®); **and**
- The patient has had an inadequate response* or inability to tolerate one or more Disease-Modifying Anti-Rheumatic Drugs (DMARDs) (e.g. entanercept [Enbrel®], adalimumab [Humira®], golimumab [Simponi®], certolizumab [Cimzia®], or infliximab [Remicade®]).

**As measured by a standardized disease activity tool (e.g. Clinical Disease Activity Index [CDAI], Simplified Disease Activity Index [SDAI], Disease Activity Score based on 28-joint evaluation [DAS28] score).*

Pediatric

Tocilizumab (Actemra®) may be considered **medically necessary** to treat pediatric patients with active systemic juvenile idiopathic arthritis (SJIA) or polyarticular juvenile idiopathic arthritis (PJIA) alone, or in combination with methotrexate when the following are met:

- Consulting rheumatologist recommends treatment with Tocilizumab (Actemra®); **and**
- Patient is **2 years of age or older.**

Maintenance Therapy

Tocilizumab (Actemra®) maintenance therapy may be considered **medically necessary** when therapy has demonstrated efficacy as evidence by an improvement in disease activity * at 12 weeks and maintenance of at least that improvement at each six month re-evaluation.

**As measured by a standardized disease activity tool (e.g. Clinical Disease Activity Index [CDAI], Simplified Disease Activity Index [SDAI], Disease Activity Score based on 28-joint evaluation [DAS28] score, or Rheumatoid Arthritis Disease Activity Index [RADAI]).*

Tocilizumab (Actemra®) is considered **investigational** for the treatment of all other indications, as there is insufficient evidence to support a conclusion concerning the health outcomes or benefits associated with this procedure.

Cross-reference:

MP-2.136 Certolizumab (Cimzia®)
MP-226 Gamma Interferon Blood Test for Latent Tuberculosis

POLICY TITLE	TOCILIZUMAB (ACTEMRA®)
POLICY NUMBER	MP-2.148

MP-2.133 Infliximab (Remicade®)

II. PRODUCT VARIATIONS

[N] = No product variation, policy applies as stated
[Y] = Standard product coverage varies from application of this policy, see below

[N] Capital Cares 4 Kids
[N] PPO
[N] HMO
[N] SeniorBlue HMO (see note)
[N] SeniorBlue PPO (see note)
[N] Indemnity
[N] SpecialCare
[N] POS
[Y] FEP PPO*

Note: FDA approved drugs used for indications other than what is indicated on the official label may be covered under Medicare if determined that the use is medically accepted, taking into consideration the major drug compendia, authoritative medical literature and/or accepted standards of medical practice. Refer to Medicare Benefit Policy Manual (100-2, Chapter 15, Section 50.4.2- Unlabeled Use of Drug) [*Website*]: *http://www.cms.gov/manuals/Downloads/bp102c15.pdf*

* The FEP program dictates that all drugs, devices or biological products approved by the U.S. Food and Drug Administration (FDA) may not be considered investigational. Therefore, FDA-approved drugs, devices or biological products may be assessed on the basis of medical necessity.

III. DESCRIPTION/BACKGROUND

In January 2010, the U.S. Food and Drug Administration (FDA) approved Tocilizumab (Actemra®) for the treatment of adult patients with moderately to severely active rheumatoid arthritis (RA) who have had an inadequate response to one or more tumor necrosis factors (TNF) antagonist therapies. In April 2011, the FDA approved Tocilizumab (Actemra®) for the treatment of active systemic juvenile idiopathic arthritis (SJIA) in pediatric patients 2 years of age and older. On April 30, 2013 the FDA also approved Tocilizumab (Actemra®)) for the treatment of Polyarticular Juvenile Idiopathic Arthritis (PJIA) in pediatric patients 2 years of age and older.

Tocilizumab (Actemra®) is a recombinant human monoclonal antibody directed against the interleukin-6 receptor and the first IL-6 receptor inhibitor to treat RA. By preventing the binding of interleukin-6 (IL-6) to its receptor tocilizumab inhibits the biological activity of interleukin-6. When used in combination with DMARDs or as monotherapy, the recommended adult starting dose is 4mg/kg followed by an increase to 8mg/kg based on clinical response. Actemra is given once every 4 weeks as a 60-minute single intravenous drip infusion.

The recommended pediatric dose for the treatment of SJIA (alone or in combination with methotrexate) is 12 mg/kg in patients with a weight of less than 30 kg and 8 mg/kg in patients at or above a weight of 30 kg. Actemra® for pediatric use is given once every 2 weeks as a 60-minute single intravenous drip infusion.

The recommended pediatric dose for treatment of PJIA (alone or in combination with methotrexate) is 10 mg per kg for patients with a weight less than 30 kg and 8 mg per kg for patients at or above a weight of 30 kg given once every 4 weeks as a 60-minute single intravenous drip infusion .

Rheumatoid Arthritis (RA) is a chronic systemic inflammatory disease of unknown etiology. It has been theorized that unknown genetic and environmental factors activate an autoimmune response .The resulting cytokine production (e.g. tumor necrosis factor alpha [TNF-a] and interleukin-1) causes inflammation of synovial membranes and articular structures that leads to joint damage and disability. RA disease activity can be classified as mild, moderate or severe. Due to the systemic nature of the disease, other organs may also be affected.

Systemic juvenile idiopathic arthritis (SJIA), or Still's disease, is a rare, potentially life-threatening disorder in children that causes severe inflammation throughout the body. SJIA is distinguished from other forms of juvenile idiopathic arthritis (JIA) by the prominence of systemic and inflammatory features, including spiking fevers; rash; swelling and inflammation of lymph nodes, liver, and spleen; and high white blood cell and platelet counts. The prevalence of JIA is an estimated 1 to 2 per 1,000 children, and SJIA affects about 10 percent of all JIA patients.

Polyarticular juvenile idiopathic arthritis (PJIA) is a form of juvenile idiopathic arthritis (JIA), also known as juvenile rheumatoid arthritis, a chronic disease of childhood. JIA affects approximately 100 in every 100,000 children of which PJIA accounts for around 30 percent. PJIA is characterised by inflammation in five or more joints within the first six months of the disease and most commonly affects the small joints in the body such as the hands and feet

Black-box warning

Tocilizumab (Actemra®) has a black-box warning for risk of serious infections. Serious infections leading to hospitalization or death including tuberculosis (TB), bacterial, invasive fungal, viral, or other opportunistic infections have occurred in patients receiving Actemra. If serious infection develops, Actemra should be interrupted until the infection is controlled. Patients must be tested for latent TB: if positive, treatment should be started for TB prior to starting Actemra. Even if the initial latent TB test is negative, all patients should be monitored for active TB during treatment.

IV. RATIONALE

Rheumatoid Arthritis - Adult

The FDA approval of Actemra was based on five randomized, double-blind, multicenter studies. Actemra was administered intravenously every 4 weeks as monotherapy (Study I), in combination with methotrexate (MTX) (Studies II and III) or other disease-modifying anti-rheumatic drugs (DMARDs) (Study IV) in patients with an inadequate response to those drugs, or in combination with MTX in patients with an inadequate response to TNF antagonists (Study V).

Study One
This study evaluated patients with moderate to severe active rheumatoid arthritis who had not been treated with MTX within 6 months prior to randomization, or who had not discontinued previous MTX treatment. The subjects received Actemra 8 mg/kg monotherapy or MTX alone (dose titrated over 8 weeks from 7.5 mg to a maximum of 20 mg weekly). The primary endpoint was the proportion of Actemra patients who achieved an ACR20 response at Week 24. ACR20 was reached by 70% of the Actemra arm vs. 53% of the MTX alone arm.

Study Two
This ongoing 2-year study with a planned interim analysis at week 24 evaluated patients with moderate to severe active rheumatoid arthritis who had an inadequate clinical response to MTX. Patients received Actemra 8 mg/kg, Actemra 4 mg/kg, or placebo every four weeks, in combination with MTX (10 to 25 mg weekly). The primary endpoint at week 24 was the proportion of patients who achieved an ACR20 response. ACR20 was reached by 27% in the placebo/MTX arm, 51% in the Actemra 4mg/MTX arm and 56% in the Actemra 8 mg/MTX arm.

Study Three
This trial evaluated patients with moderate to severe active rheumatoid arthritis who had an inadequate clinical response to MTX. Patients received Actemra 8 mg/kg, Actemra 4 mg/kg, or placebo every four weeks, in combination with MTX (10 to 25 mg weekly). The primary endpoint was the proportion of patients who achieved an ACR20 response at week 24. ACR20 was reached by 27% of the placebo/MTX arm, 48% of the Actemra 4mg/MTX arm and 59% of the Actemra 8 mg/MTX arm.

Study Four
This study evaluated patients who had an inadequate response to their existing therapy, including

one or more DMARDs. Patients received Actemra 8 mg/kg or placebo every four weeks, in combination with the stable DMARDs. The primary endpoint was the proportion of patients who achieved an ACR20 response at week 24. ACR20 was reached by 25% of the placebo/DMARDS arm and 61% of the Actemra/DMARDS arm.

Study Five

This study evaluated patients with moderate to severe active rheumatoid arthritis who had an inadequate clinical response or were intolerant to one or more TNF antagonist therapies. The TNF antagonist therapy was discontinued prior to randomization. Patients received Actemra 8 mg/kg, Actemra 4 mg/kg, or placebo every four weeks, in combination with MTX (10 to 25 mg weekly). The primary endpoint was the proportion of patients who achieved an ACR20 response at week 24. ACR20 was reached by 10% of the placebo/MTX arm, 30% of the Actrmea 4mg/MTX arm and 50% of the Actemra 8 mg/MTX arm.

Systemic Juvenile Idiopathic Arthritis

The FDA approval of Actemra for systemic juvenile idiopathic arthritis was based on a 12-week randomized, double blind, placebo-controlled, parallel group, two-arm study. The subjects (n=75) received Actemra infusions every two weeks at either 8 mg per kg for patients at or above 30 kg or 12 mg per kg for patients less than 30 kg or placebo infusions every two weeks (n=37). The primary endpoint was the proportion of subjects with at least 30% improvement in JIA ACR core set (JIA ACR30 response) at Week 12 and absence of fever. The primary endpoint was reached by 85% of the Actemra arm and 24% of the placebo arm. Secondary endpoints, including JIA ACR 50 and JIA ACR 70 were also reached.

Polyarticular Juvenile Idiopathic Arthritis

The efficacy of Actemra was assessed in a three-part study including an open-label extension in children 2 to 17 years of age with active polyarticular juvenile idiopathic arthritis (PJIA), who had an inadequate response to methotrexate or inability to tolerate methotrexate. Patients had at least 6 months of active disease (mean disease duration of 4.2 ± 3.7 years), with at least five joints with active arthritis (swollen or limitation of movement accompanied by pain and/or tenderness) and/or at least 3 active joints having limitation of motion (mean, 20 ± 14 active joints). The patients treated had subtypes of JIA that at disease onset included Rheumatoid Factor Positive or Negative Polyarticular JIA, or Extended Oligoarticular JIA. Treatment with a stable dose of methotrexate was permitted but was not required during the study. Concurrent use of disease modifying antirheumatic drugs (DMARDs), other than methotrexate, or other biologics (e.g., TNF antagonists or T cell costimulation modulator) were not permitted in the study Part I consisted of a 16-week active Actemra treatment lead-in period (n=188) followed by Part II, a 24-week randomized double-blind placebo-controlled withdrawal period, followed by

Part III, a 64-weekopen-label period. Eligible patients weighing at or above 30 kg received Actemra at 8 mg/kg IV once every four weeks. Patients weighing less than 30 kg were randomized 1:1 to receive either Actemra 8 mg/kg or 10 mg/kg IV every four weeks. At the conclusion of the open-label Part I, 91% of patients taking background MTX in addition to tocilizumab and 83% of patients on tocilizumab monotherapy achieved an ACR 30 response at week 16 compared to baseline and entered the blinded withdrawal period (Part II) of the study. The proportions of patients with JIA ACR 50/70 responses in Part I were 84.0%, and 64%, respectively for patients taking background MTX in addition to tocilizumab and 80% and 55% respectively for patients on tocilizumab monotherapy.

In Part II, patients (ITT, n=163) were randomized to Actemra (same dose received in Part I) or placebo in a 1:1 ratio that was stratified by concurrent methotrexate use and concurrent corticosteroid use. Each patient continued in Part II of the study until Week 40 or until the patient satisfied JIA ACR 30 flare criteria (relative to Week 16) and qualified for escape.The primary endpoint was the proportion of patients with a JIA ACR 30 flare at week 40 relative to week 16. JIA ACR 30 flare was defined as 3 or more of the 6 core outcome variables worsening by at least 30% with no more than 1 of the remaining variables improving by more than 30% relative to Week 16. ACTEMRA treated patients experienced significantly fewer disease flares compared to placebo-treated patients (26% [21/82] versus 48% [39/81]; adjusted difference in proportions -21%, 95% CI: -35%, -8%). During the withdrawal phase (Part II), more patients treated with ACTEMRA showed JIA ACR 30/50/70 responses at Week 40 compared to patients withdrawn to placebo.

V. DEFINITIONS

CLINICAL DISEASE ACTIVITY INDEX (CDAI) is a composite index for quantifying disease activity in RA. It utilizes 4 clinical parameters namely, swollen and tender joints out of 28 (the set designated for DAS28) and global assessment of the patient and assessor on a visual analogue scale. No laboratory parameter is needed. The categories of disease activity are: remission ≤ 2.8, low disease activity 2.9 to 10, moderate disease activity 10.1 to 22 and high disease activity > 22.

DISEASE ACTIVITY SCORE (DAS) 28 is a measure of disease activity in RA. The score is calculated by a complex mathematical formula, which includes the number of tender and swollen joints (out of a total of 28), the erythrocyte sedimentation rate (ESR, a blood marker of inflammation), and the patient's 'global assessment of global health' (indicated by marking a 10 cm line between very good and very bad). High disease activity relates to DAS28 >5.1, moderate to DAS28 of >3.2 to 5.1, low disease activity is regarded in the range of 2.6 to 3.2, and remission <2.6.

POLICY TITLE	TOCILIZUMAB (ACTEMRA®)
POLICY NUMBER	MP-2.148

DISEASE-MODIFYING ANTIRHEUMATIC DRUG (DMARD) refers to medicines classified as disease-modifying anti-rheumatic drugs (DMARDs) have the potential to reduce or prevent joint damage and preserve joint integrity and function. Commonly used traditional DMARDs include, but are not limited to, leflunomide, sulfasalazine, hydroxychloroquine, azathioprine, and methotrexate.

SIMPLIFIED DISEASE ACTIVITY INDEX (SDAI) is a composite index for quantifying disease activity in RA. It includes the sum of the tender joint count, swollen joint count, patient global assessment, physician global assessment, and C-reactive protein (CRP). The categories of disease activity are: remission ≤ 3.3, low disease activity 3.3 to 11, moderate disease activity 11 to 26 and high disease activity > 26.

VI. BENEFIT VARIATIONS

The existence of this medical policy does not mean that this service is a covered benefit under the member's contract. Benefit determinations should be based in all cases on the applicable contract language. Medical policies do not constitute a description of benefits. A member's individual or group customer benefits govern which services are covered, which are excluded, and which are subject to benefit limits and which require preauthorization. Members and providers should consult the member's benefit information or contact Capital for benefit information.

VII. DISCLAIMER

Capital's medical policies are developed to assist in administering a member's benefits, do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member's benefit information, the benefit information will govern. Capital considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.

VIII. REFERENCES

Actemra prescribing information Genentech January 2010 Actemra [Website]: http://www.gene.com/gene/products/information/actemra/pdf/pi.pdf Accessed July 24, 2013.

Agency for Healthcare Quality and Research Comparative Effectiveness of Drug Therapy for Rheumatoid and Psoriatic Arthritis in Adults [Website]: http://effectivehealthcare.ahrq.gov. Accessed July 24, 2013.

American College of Rheumatology: 2008 Recommendations for the Use of Nonbiologic and Biologic Disease-Modifying Antirheumatic Drugs in Rheumatoid Arthritis. [Website]: http://www.rheumatology.org. Accessed July 24, 2013.

Barclay L. DMARDs, Glucocorticoids, and Biologics May Be Equally Effective for Rheumatoid Arthritis. Medscape Medical News October 1, 2010. [Website]: http://www.medscape.com. Accessed July 24, 2013.

BCBSA Specialty Pharmacy Combined Capacity (SPCC) Report #1. Biologic-Response Modifiers in Rheumatic Diseases. April 2010.

Brooks, M. FDA Approves Tocilizumab for Polyarticular JIA. May 1, 2013. [Website] : http://www.medscape.com/viewarticle/803478. Accessed July 24, 2013.

Centers for Medicare and Medicaid Services (CMS) Medicare Benefit Policy Manual Publication 100-02. Chapter 15 Section 50 Drugs and Biologicals, Section 50.4.1 Approved Use of Drug, Section 50.4.2. Unlabeled Use of Drug, Section 50.4.3 Examples of Not Reasonable and Necessary Effective 10/01/03. [Website]: http://www.cms.gov. Accessed July 24, 2013.

Dayer JM, and Choy E. Therapeutic targets in rheumatoid arthritis: the interleukin-6 receptor. Rheumatology 2010; 49:15-24.

Gartehner G, Hansen RA, Thieda P, Jonas B, Lohr KN, Carey T. (2005). Drug Class Review on Targeted Immune Modulators [Website]: http://derp.ohsu.edu . Accessed: July 24, 2013.

Goodman, B. The FDA Approves Actemra for Rheumatoid Arthritis. Arthritis Today 01/11/10 . [Website]: http://www.arthritistoday.org. Accessed July 24, 2013.

Graudal N, Jürgens G. Similar effects of disease-modifying antirheumatic drugs, glucocorticoids, and biologic agents on radiographic progression in rheumatoid arthritis: meta-analysis of 70 randomized placebo-controlled or drug-controlled studies, including 112 comparisons. Arthritis Rheum 2010 Oct; 62(10):2852-63.

MediLexicom. Drug information Actemra [Website]: http://www.medilexicon.com/drugs/actemra_1144.php. Accessed July 24, 2013.

National Institute for Health and Clinical Excellence Technology Appraisal (TA) 195: Rheumatoid arthritis - drugs for treatment after failure of a TNF inhibitor. August 2010. [Website]: http://www.nice.org.uk/guidance/index.jsp?action=byID&o=13108. Accessed July 24, 2013.

Oregon Health Resources Commission, Targeted Immune Modulators: Subcommittee Report Update #1, April 2007. [Website]: http://library.state.or.us/repository/2007/200710221109171/index.pdf. Accessed July 24, 2013.

Rabinovich CE. Juvenile Rheumatoid Arthritis Medscape eMedicine Rheumatology [Website]: http://emedicine.medscape.com. Updated July 22, 2013. Accessed July 24, 2013.

Singh JA, Christensen R, Wells GA, et al. Biologics for rheumatoid arthritis: an overview of Cochrane reviews. Cochrane Database of Systematic Reviews 2009, Issue 4. Art. No.: CD007848. DOI: 10.1002/14651858.CD007848.pub2.

Tocilizumab in Patients With Systemic Juvenile Idiopathic Arthritis: Efficacy Data From the Placebo-Controlled 12-Week Part of the Phase 3 TENDER Trial. Abstract presented at ACR 2010.

POLICY TITLE	TOCILIZUMAB (ACTEMRA®)
POLICY NUMBER	MP-2.148

United States Food and Drug Administration (FDA) News Release: FDA approves Actemra to treat rare form of juvenile arthritis. April 15, 2011. [Website]: http://www.fda.gov . Accessed July 24, 2013.

Woo P. Systemic juvenile rheumatoid arthritis: diagnosis, management, and outcome. Nature Clinical Practice: Rheumatology. 2006. 2:1.

IX. CODING INFORMATION

Note: This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

HCPCS Code	Description
J3262	Injection, Tocilizumab (Actemra), 1mg

ICD-9-CM Diagnosis Code*	Description
714.0 – 714.9	Rheumatoid arthritis and other inflammatory polyarthropathies
714.30	Polyarticular juvenile rheumatoid arthritis, chronic or unspecified
714.31	Polyarticular juvenile rheumatoid arthritis, acute

*If applicable, please see Medicare LCD or NCD for additional covered diagnoses.

The following ICD-10 diagnosis codes will be effective October 1, 2014

ICD-10-CM Diagnosis Code*	Description
M05.40	Rheumatoid myopathy with rheumatoid arthritis of unspecified site
M05.411	Rheumatoid myopathy with rheumatoid arthritis of right shoulder
M05.412	Rheumatoid myopathy with rheumatoid arthritis of left shoulder
M05.419	Rheumatoid myopathy with rheumatoid arthritis of unspecified shoulder
M05.421	Rheumatoid myopathy with rheumatoid arthritis of right elbow

POLICY TITLE	TOCILIZUMAB (ACTEMRA®)
POLICY NUMBER	MP-2.148

ICD-10-CM Diagnosis Code*	Description
M05.422	Rheumatoid myopathy with rheumatoid arthritis of left elbow
M05.429	Rheumatoid myopathy with rheumatoid arthritis of unspecified elbow
M05.431	Rheumatoid myopathy with rheumatoid arthritis of right wrist
M05.432	Rheumatoid myopathy with rheumatoid arthritis of left wrist
M05.439	Rheumatoid myopathy with rheumatoid arthritis of unspecified wrist
M05.441	Rheumatoid myopathy with rheumatoid arthritis of right hand
M05.442	Rheumatoid myopathy with rheumatoid arthritis of left hand
M05.449	Rheumatoid myopathy with rheumatoid arthritis of unspecified hand
M05.451	Rheumatoid myopathy with rheumatoid arthritis of right hip
M05.452	Rheumatoid myopathy with rheumatoid arthritis of left hip
M05.459	Rheumatoid myopathy with rheumatoid arthritis of unspecified hip
M05.461	Rheumatoid myopathy with rheumatoid arthritis of right knee
M05.462	Rheumatoid myopathy with rheumatoid arthritis of left knee
M05.469	Rheumatoid myopathy with rheumatoid arthritis of unspecified knee
M05.471	Rheumatoid myopathy with rheumatoid arthritis of right ankle and foot
M05.472	Rheumatoid myopathy with rheumatoid arthritis of left ankle and foot
M05.479	Rheumatoid myopathy with rheumatoid arthritis of unspecified ankle and foot
M05.49	Rheumatoid myopathy with rheumatoid arthritis of multiple sites
M05.50	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified site
M05.511	Rheumatoid polyneuropathy with rheumatoid arthritis of right shoulder
M05.512	Rheumatoid polyneuropathy with rheumatoid arthritis of left shoulder
M05.519	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified shoulder
M05.521	Rheumatoid polyneuropathy with rheumatoid arthritis of right elbow
M05.522	Rheumatoid polyneuropathy with rheumatoid arthritis of left elbow
M05.529	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified elbow
M05.531	Rheumatoid polyneuropathy with rheumatoid arthritis of right wrist
M05.532	Rheumatoid polyneuropathy with rheumatoid arthritis of left wrist
M05.539	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified wrist
M05.541	Rheumatoid polyneuropathy with rheumatoid arthritis of right hand
M05.542	Rheumatoid polyneuropathy with rheumatoid arthritis of left hand
M05.549	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified hand
M05.551	Rheumatoid polyneuropathy with rheumatoid arthritis of right hip
M05.552	Rheumatoid polyneuropathy with rheumatoid arthritis of left hip
M05.559	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified hip
M05.561	Rheumatoid polyneuropathy with rheumatoid arthritis of right knee

POLICY TITLE	TOCILIZUMAB (ACTEMRA®)
POLICY NUMBER	MP-2.148

ICD-10-CM Diagnosis Code*	Description
M05.562	Rheumatoid polyneuropathy with rheumatoid arthritis of left knee
M05.569	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified knee
M05.571	Rheumatoid polyneuropathy with rheumatoid arthritis of right ankle and foot
M05.572	Rheumatoid polyneuropathy with rheumatoid arthritis of left ankle and foot
M05.579	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified ankle and foot
M05.59	Rheumatoid polyneuropathy with rheumatoid arthritis of multiple sites
M05.70	Rheumatoid arthritis with rheumatoid factor of unspecified site without organ or systems involvement
M05.711	Rheumatoid arthritis with rheumatoid factor of right shoulder without organ or systems involvement
M05.712	Rheumatoid arthritis with rheumatoid factor of left shoulder without organ or systems involvement
M05.719	Rheumatoid arthritis with rheumatoid factor of unspecified shoulder without organ or systems involvement
M05.721	Rheumatoid arthritis with rheumatoid factor of right elbow without organ or systems involvement
M05.722	Rheumatoid arthritis with rheumatoid factor of left elbow without organ or systems involvement
M05.729	Rheumatoid arthritis with rheumatoid factor of unspecified elbow without organ or systems involvement
M05.731	Rheumatoid arthritis with rheumatoid factor of right wrist without organ or systems involvement
M05.732	Rheumatoid arthritis with rheumatoid factor of left wrist without organ or systems involvement
M05.739	Rheumatoid arthritis with rheumatoid factor of unspecified wrist without organ or systems involvement
M05.741	Rheumatoid arthritis with rheumatoid factor of right hand without organ or systems involvement
M05.742	Rheumatoid arthritis with rheumatoid factor of left hand without organ or systems involvement
M05.749	Rheumatoid arthritis with rheumatoid factor of unspecified hand without organ or systems involvement
M05.751	Rheumatoid arthritis with rheumatoid factor of right hip without organ or systems involvement
M05.752	Rheumatoid arthritis with rheumatoid factor of left hip without organ or systems involvement
M05.759	Rheumatoid arthritis with rheumatoid factor of unspecified hip without organ or systems involvement
M05.761	Rheumatoid arthritis with rheumatoid factor of right knee without organ or systems involvement
M05.762	Rheumatoid arthritis with rheumatoid factor of left knee without organ or systems involvement
M05.769	Rheumatoid arthritis with rheumatoid factor of unspecified knee without organ or systems involvement
M05.771	Rheumatoid arthritis with rheumatoid factor of right ankle and foot without organ or systems involvement
M05.772	Rheumatoid arthritis with rheumatoid factor of left ankle and foot without organ or systems involvement
M05.779	Rheumatoid arthritis with rheumatoid factor of unspecified ankle and foot without organ or systems involvement
M05.79	Rheumatoid arthritis with rheumatoid factor of multiple sites without organ or systems involvement
M05.80	Other rheumatoid arthritis with rheumatoid factor of unspecified site
M05.811	Other rheumatoid arthritis with rheumatoid factor of right shoulder

POLICY TITLE	TOCILIZUMAB (ACTEMRA®)
POLICY NUMBER	MP-2.148

ICD-10-CM Diagnosis Code*	Description
M05.812	Other rheumatoid arthritis with rheumatoid factor of left shoulder
M05.819	Other rheumatoid arthritis with rheumatoid factor of unspecified shoulder
M05.821	Other rheumatoid arthritis with rheumatoid factor of right elbow
M05.822	Other rheumatoid arthritis with rheumatoid factor of left elbow
M05.829	Other rheumatoid arthritis with rheumatoid factor of unspecified elbow
M05.831	Other rheumatoid arthritis with rheumatoid factor of right wrist
M05.832	Other rheumatoid arthritis with rheumatoid factor of left wrist
M05.839	Other rheumatoid arthritis with rheumatoid factor of unspecified wrist
M05.841	Other rheumatoid arthritis with rheumatoid factor of right hand
M05.842	Other rheumatoid arthritis with rheumatoid factor of left hand
M05.849	Other rheumatoid arthritis with rheumatoid factor of unspecified hand
M05.851	Other rheumatoid arthritis with rheumatoid factor of right hip
M05.852	Other rheumatoid arthritis with rheumatoid factor of left hip
M05.859	Other rheumatoid arthritis with rheumatoid factor of unspecified hip
M05.861	Other rheumatoid arthritis with rheumatoid factor of right knee
M05.862	Other rheumatoid arthritis with rheumatoid factor of left knee
M05.869	Other rheumatoid arthritis with rheumatoid factor of unspecified knee
M05.871	Other rheumatoid arthritis with rheumatoid factor of right ankle and foot
M05.872	Other rheumatoid arthritis with rheumatoid factor of left ankle and foot
M05.879	Other rheumatoid arthritis with rheumatoid factor of unspecified ankle and foot
M05.89	Other rheumatoid arthritis with rheumatoid factor of multiple sites
M05.9	Rheumatoid arthritis with rheumatoid factor, unspecified
M06.00	Rheumatoid arthritis without rheumatoid factor, unspecified site
M06.011	Rheumatoid arthritis without rheumatoid factor, right shoulder
M06.012	Rheumatoid arthritis without rheumatoid factor, left shoulder
M06.019	Rheumatoid arthritis without rheumatoid factor, unspecified shoulder
M06.021	Rheumatoid arthritis without rheumatoid factor, right elbow
M06.022	Rheumatoid arthritis without rheumatoid factor, left elbow
M06.029	Rheumatoid arthritis without rheumatoid factor, unspecified elbow
M06.031	Rheumatoid arthritis without rheumatoid factor, right wrist
M06.032	Rheumatoid arthritis without rheumatoid factor, left wrist
M06.039	Rheumatoid arthritis without rheumatoid factor, unspecified wrist
M06.041	Rheumatoid arthritis without rheumatoid factor, right hand
M06.042	Rheumatoid arthritis without rheumatoid factor, left hand
M06.049	Rheumatoid arthritis without rheumatoid factor, unspecified hand

POLICY TITLE	TOCILIZUMAB (ACTEMRA®)
POLICY NUMBER	MP-2.148

ICD-10-CM Diagnosis Code*	Description
M06.051	Rheumatoid arthritis without rheumatoid factor, right hip
M06.052	Rheumatoid arthritis without rheumatoid factor, left hip
M06.059	Rheumatoid arthritis without rheumatoid factor, unspecified hip
M06.061	Rheumatoid arthritis without rheumatoid factor, right knee
M06.062	Rheumatoid arthritis without rheumatoid factor, left knee
M06.069	Rheumatoid arthritis without rheumatoid factor, unspecified knee
M06.071	Rheumatoid arthritis without rheumatoid factor, right ankle and foot
M06.072	Rheumatoid arthritis without rheumatoid factor, left ankle and foot
M06.079	Rheumatoid arthritis without rheumatoid factor, unspecified ankle and foot
M06.08	Rheumatoid arthritis without rheumatoid factor, vertebrae
M06.09	Rheumatoid arthritis without rheumatoid factor, multiple site
M06.80	Other specified rheumatoid arthritis, unspecified site
M06.811	Other specified rheumatoid arthritis, right shoulder
M06.812	Other specified rheumatoid arthritis, left shoulder
M06.819	Other specified rheumatoid arthritis, unspecified shoulder
M06.821	Other specified rheumatoid arthritis, right elbo
M06.822	Other specified rheumatoid arthritis, left elbow
M06.829	Other specified rheumatoid arthritis, unspecified elbow
M06.831	Other specified rheumatoid arthritis, right wrist
M06.832	Other specified rheumatoid arthritis, left wrist
M06.839	Other specified rheumatoid arthritis, unspecified wrist
M06.841	Other specified rheumatoid arthritis, right hand
M06.842	Other specified rheumatoid arthritis, left hand
M06.849	Other specified rheumatoid arthritis, unspecified hand
M06.851	Other specified rheumatoid arthritis, right hip
M06.852	Other specified rheumatoid arthritis, left hip
M06.859	Other specified rheumatoid arthritis, unspecified hip
M06.861	Other specified rheumatoid arthritis, right knee
M06.862	Other specified rheumatoid arthritis, left knee
M06.869	Other specified rheumatoid arthritis, unspecified knee
M06.871	Other specified rheumatoid arthritis, right ankle and foot
M06.872	Other specified rheumatoid arthritis, left ankle and foot
M06.879	Other specified rheumatoid arthritis, unspecified ankle and foot
M06.88	Other specified rheumatoid arthritis, vertebrae
M06.89	Other specified rheumatoid arthritis, multiple sites

POLICY TITLE	TOCILIZUMAB (ACTEMRA®)
POLICY NUMBER	MP-2.148

ICD-10-CM Diagnosis Code*	Description
M06.9	Rheumatoid arthritis, unspecified
M05.00	Felty's syndrome, unspecified site
M05.011	Felty's syndrome, right shoulder
M05.012	Felty's syndrome, left shoulder
M05.019	Felty's syndrome, unspecified shoulder
M05.021	Felty's syndrome, right elbow
M05.022	Felty's syndrome, left elbow
M05.029	Felty's syndrome, unspecified elbow
M05.031	Felty's syndrome, right wrist
M05.032	Felty's syndrome, left wrist
M05.039	Felty's syndrome, unspecified wrist
M05.041	Felty's syndrome, right hand
M05.042	Felty's syndrome, left hand
M05.049	Felty's syndrome, unspecified hand
M05.051	Felty's syndrome, right hip
M05.052	Felty's syndrome, left hip
M05.059	Felty's syndrome, unspecified hip
M05.061	Felty's syndrome, right knee
M05.062	Felty's syndrome, left knee
M05.069	Felty's syndrome, unspecified knee
M05.071	Felty's syndrome, right ankle and foot
M05.072	Felty's syndrome, left ankle and foot
M05.079	Felty's syndrome, unspecified ankle and foot
M05.09	Felty's syndrome, multiple sites
M05.20	Rheumatoid vasculitis with rheumatoid arthritis of unspecified site
M05.211	Rheumatoid vasculitis with rheumatoid arthritis of right shoulde
M05.212	Rheumatoid vasculitis with rheumatoid arthritis of left shoulder
M05.219	Rheumatoid vasculitis with rheumatoid arthritis of unspecified shoulder
M05.221	Rheumatoid vasculitis with rheumatoid arthritis of right elbow
M05.222	Rheumatoid vasculitis with rheumatoid arthritis of left elbow
M05.229	Rheumatoid vasculitis with rheumatoid arthritis of unspecified elbow
M05.231	Rheumatoid vasculitis with rheumatoid arthritis of right wrist
M05.232	Rheumatoid vasculitis with rheumatoid arthritis of left wrist
M05.239	Rheumatoid vasculitis with rheumatoid arthritis of unspecified wrist
M05.241	Rheumatoid vasculitis with rheumatoid arthritis of right hand

POLICY TITLE	TOCILIZUMAB (ACTEMRA®)
POLICY NUMBER	MP-2.148

ICD-10-CM Diagnosis Code*	Description
M05.242	Rheumatoid vasculitis with rheumatoid arthritis of left hand
M05.249	Rheumatoid vasculitis with rheumatoid arthritis of unspecified hand
M05.251	Rheumatoid vasculitis with rheumatoid arthritis of right hip
M05.252	Rheumatoid vasculitis with rheumatoid arthritis of left hip
M05.259	Rheumatoid vasculitis with rheumatoid arthritis of unspecified hip
M05.261	Rheumatoid vasculitis with rheumatoid arthritis of right knee
M05.262	Rheumatoid vasculitis with rheumatoid arthritis of left knee
M05.269	Rheumatoid vasculitis with rheumatoid arthritis of unspecified knee
M05.271	Rheumatoid vasculitis with rheumatoid arthritis of right ankle and foot
M05.272	Rheumatoid vasculitis with rheumatoid arthritis of left ankle and foot
M05.279	Rheumatoid vasculitis with rheumatoid arthritis of unspecified ankle and foot
M05.29	Rheumatoid vasculitis with rheumatoid arthritis of multiple sites
M05.60	Rheumatoid arthritis of unspecified site with involvement of other organs and systems
M05.611	Rheumatoid arthritis of right shoulder with involvement of other organs and systems
M05.612	Rheumatoid arthritis of left shoulder with involvement of other organs and systems
M05.619	Rheumatoid arthritis of unspecified shoulder with involvement of other organs and systems
M05.621	Rheumatoid arthritis of right elbow with involvement of other organs and systems
M05.622	Rheumatoid arthritis of left elbow with involvement of other organs and systems
M05.629	Rheumatoid arthritis of unspecified elbow with involvement of other organs and systems
M05.631	Rheumatoid arthritis of right wrist with involvement of other organs and systems
M05.632	Rheumatoid arthritis of left wrist with involvement of other organs and systems
M05.639	Rheumatoid arthritis of unspecified wrist with involvement of other organs and systems
M05.641	Rheumatoid arthritis of right hand with involvement of other organs and systems
M05.642	Rheumatoid arthritis of left hand with involvement of other organs and systems
M05.649	Rheumatoid arthritis of unspecified hand with involvement of other organs and systems
M05.651	Rheumatoid arthritis of right hip with involvement of other organs and systems
M05.652	Rheumatoid arthritis of left hip with involvement of other organs and systems
M05.659	Rheumatoid arthritis of unspecified hip with involvement of other organs and systems
M05.661	Rheumatoid arthritis of right knee with involvement of other organs and systems
M05.662	Rheumatoid arthritis of left knee with involvement of other organs and systems
M05.669	Rheumatoid arthritis of unspecified knee with involvement of other organs and systems
M05.671	Rheumatoid arthritis of right ankle and foot with involvement of other organs and systems
M05.672	Rheumatoid arthritis of left ankle and foot with involvement of other organs and systems
M05.679	Rheumatoid arthritis of unspecified ankle and foot with involvement of other organs and systems
M05.69	Rheumatoid arthritis of multiple sites with involvement of other organs and systems

POLICY TITLE	TOCILIZUMAB (ACTEMRA®)
POLICY NUMBER	MP-2.148

ICD-10-CM Diagnosis Code*	Description
M06.1	Adult-onset Still's disease

*If applicable, please see Medicare LCD or NCD for additional covered diagnoses.

X. POLICY HISTORY

MP-2.148	**CAC 3/30/10** New policy.

POLICY TITLE	TOCILIZUMAB (ACTEMRA®)
POLICY NUMBER	MP-2.148

	CAC 1/25/11 Full Review
	Admin Change 4/18/11 Added new FDA approved indication for systemic juvenile idiopathic arthritis.
	CAC 4/24/12 Consensus
	7/26/13 Admin coding review complete--rsb
	CAC 9/24/13 Minor. Added Polyarticular Juvenile Idiopathic Arthritis (PJIA) as a new MN indication . References updated. Deleted Medicare variation and referenced note only. Added Rationale section.

POLICY TITLE	TOCILIZUMAB (ACTEMRA®)
POLICY NUMBER	MP-2.148