

HealthAlliance**MEDICARE**

PURPOSE OF THE POLICY

To establish a policy for the use of Actemra.

STATEMENT OF THE POLICY

Health Alliance Medical Plans will approve the use of Actemra, for new starts only, if the following criteria have been met:

PROCEDURES

1. Actemra (tocilizumab)

- 1.1 Approved for all FDA indications, not otherwise excluded from Part D.
- 1.2 All of the following criteria must be met for coverage:
Documentation of failure to respond to a minimum of a one (1) month trial of a preferred TNF inhibitor (Enbrel or Humira), or an intolerance or contraindication to any TNF inhibitor.
- 1.3 Prescribed by a Rheumatologist.