

**SOUTH DAKOTA MEDICAID
PRIOR AUTHORIZATION CRITERIA**

Physician Administered Drugs, Vaccines, and Immunizations

Tocilizumab (Tyenne, Avtozma, Actemra, Tofidence) – PA Criteria

HCPC: Q5135 tocilizumab-aazg (Tyenne), Q5156 tocilizumab-anoh (Avtozma), J3262 tocilizumab (Actemra), Q5133 tocilizumab-bavi (Tofidence)

PREFERRED AGENT (NO PA REQUIRED)	NON-PREFERRED AGENT (PA REQUIRED)
TYENNE (tocilizumab-aazg)	AVTOZMA (tocilizumab-anoh)
	ACTEMRA (tocilizumab)
	TOFIDENCE (tocilizumab-bavi)

Tocilizumab (Tyenne, Avtozma, Actemra, Tofidence) is an Interleukin-6 Receptor antagonist, monoclonal antibody indicated for the treatment of various conditions in adult and pediatric patients. It is covered by South Dakota Medicaid following prior authorization when the patient meets the following criteria:

- **Initial Therapy (must meet all):**
 - Individual meets **one** of the following regarding previous therapy trials:
 - Member has failed a ≥90 day trial for a preferred medication
 - Clinical justification is provided why the member cannot utilize a preferred product
 - Approval duration: 1 year
- **Continuation of Therapy (must meet all):**
 - Requested drug remains the preferred product with SD Medicaid
 - Reason for initial approval is still present
 - Approval duration: 1 year

**** If biosimilar product varies in FDA approved age and indication compared to the parent product, exceptions may be made.**

IV Formulation

Therapy Indication	TYENNE	AVTOZMA	ACTEMRA	TOFIDENCE
Covid-19	18+	18+	2+	18+
Cytokine release syndrome	2+	2+	2+	Not indicated
Giant cell arteritis	18+	18+	18+	18+
Polyarticular Juvenile Idiopathic Arthritis	2+	2+	2+	2+
Rheumatoid arthritis	18+	18+	18+	18+
Systemic Juvenile Idiopathic Arthritis	2+	2+	2+	2+

SQ Formulation

Therapy Indication	TYENNE	AVTOZMA	ACTEMRA	TOFIDENCE
Giant cell arteritis	18+	Not available	18+	Not available
Interstitial lung disease, systemic sclerosis associated	Not indicated	Not available	18+	Not available
Polyarticular Juvenile Idiopathic Arthritis	2+	Not available	2+	Not available
Rheumatoid arthritis	18+	Not available	18+	Not available
Systemic Juvenile Idiopathic Arthritis	2+	Not available	2+	Not available