Mass General Brigham
Health Plan

Targeted Immunomodulators
Tofidence (tocilizumab-bavi)
Effective 01/06/2025

Plan	☒ MassHealth UPPL ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Notes	Additional agents from this class are available through the pharmacy benefit. Please see the MassHealth Drug List for coverage and criteria.		

Overview

Tofidence (tocilizumab-bavi) is an interleukin-6 antagonist that is indicated for:

- Rheumatoid arthritis (RA)
- Giant cell arteritis (GCA)
- Polyarticular juvenile idiopathic arthritis (PJIA)
- Systemic juvenile idiopathic arthritis (SJIA)
- Cytokine release syndrome
- Polymyalgia rheumatica (PMR)

Coverage Guidelines

Authorization may be reviewed on a case by case basis for members who are new to the plan currently receiving treatment with requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for members when all the following criteria are met:

Cytokine release syndrome

1. Diagnosis of cytokine release syndrome
2. Concurrent therapy with CAR T-cell therapies (request must include anticipated date of administration)
3. Dosing is appropriate within the FDA labeling

Giant cell arteritis

1. Diagnosis of giant cell arteritis
2. Inadequate response or adverse reaction to ONE or contraindication to ALL systemic glucocorticoids
3. Dosing is appropriate within the FDA labeling

Moderate-to-severe Polyarticular juvenile idiopathic arthritis

1. Diagnosis of moderate-to-severe polyarticular juvenile idiopathic arthritis
2. ONE of the following:
    a. Inadequate response or adverse reaction to ONE or contraindication to ALL traditional DMARDs
    b. Inadequate response or adverse reaction to ONE or contraindication to ALL anti-TNF agents
3. Dosing is appropriate within the FDA labeling

Moderate-to-severe Rheumatoid arthritis (RA)

1. Diagnosis of moderate-to-severe rheumatoid arthritis
2. ONE of the following:
    a. Inadequate response or adverse reaction to ONE or contraindication to ALL traditional DMARDs
    b. Inadequate response or adverse reaction to ONE biologic DMARD that is FDA-approved for the requested indication
3. Dosing is appropriate within the FDA labeling

Systemic juvenile idiopathic arthritis (SJIA)

1. Diagnosis of systemic juvenile idiopathic arthritis
2. ONE of the following:
    a. Inadequate response or adverse reaction to ONE or contraindication to ALL traditional DMARDs
    b. Inadequate response or adverse reaction to ONE biologic DMARD that is FDA-approved for systemic juvenile idiopathic arthritis
3. Dosing is appropriate within the FDA labeling

Polymyalgia Rheumatica (PMR)

1. Diagnosis of polymyalgia rheumatica (PMR)
2. Inadequate response or adverse reaction to ONE or contraindication to ALL systemic corticosteroids
3. Inadequate response, adverse reaction, or contraindication to methotrexate

Requests for More Frequent or Higher Doses

Requests for more frequent or higher doses of injectable biologics, may be approved if **ALL** of the following is provided:

1. Documentation of a severe disease
2. **ONE** of the following:
    a. Inadequate response or adverse reaction to **ONE** other injectable biologic which is FDA-approved for the requested indication
    b. Contraindication to **ALL** other injectable biologics which are FDA-approved for the requested indication
3. Documented partial response to FDA-approved dosing of current biologic therapy
4. Documentation of specialist consult for the requested indication

<u>Continuation of Therapy</u>

Resubmission by prescriber will infer a positive response to therapy.

Limitations

1. Initial approvals will be granted for 6 months
2. Reauthorizations will be granted for 1 year

References

1. Tofidence® [package insert]. Cambridge (MA): Biogen MA Inc.; 2023 Sep

Review History

12/11/24 – Created for P&T. Adopted MH criteria. Tofidence will be managed with PA via MB only. Effective 01/06/25