

Reference number(s)
7201-D

This document applies to the following:

Formulary	Applies
Standard Control (SF)	<input type="checkbox"/>
Standard Control Choice (SCCF)	<input type="checkbox"/>
Preferred Drug Plan Design (PDPD)	<input type="checkbox"/>
Advanced Control Specialty (ACSF)	<input type="checkbox"/>
Advanced Control Specialty Choice (ACSCF)	<input type="checkbox"/>
Managed Medicaid Template (MMT)	<input type="checkbox"/>
Marketplace (MF)	<input type="checkbox"/>
Aetna Small Group Affordable Care Act (SG ACA)	<input type="checkbox"/>
Aetna Health Exchange (AHE)	<input type="checkbox"/>
Value (VF)	<input type="checkbox"/>

Formulary	Applies
New to Market (NTM)	<input type="checkbox"/>
Standard Formulary Chart (SFC)	<input type="checkbox"/>
Basic Control Chart Preferred Drug Plan Design (BCC PDPD)	<input type="checkbox"/>
Advanced Control Specialty Formulary Chart (ACSFC)	<input type="checkbox"/>
Value Formulary Chart (VFC)	<input type="checkbox"/>
Medical Benefit	<input type="checkbox"/>
Medical Benefit: Advanced Biosimilars First	<input type="checkbox"/>
Combined Benefit Management (CBM)	<input type="checkbox"/>
Combined Benefit Management Pharmacy (CBMP)	<input type="checkbox"/>
Medical Benefit Managed Medicaid (MMMB)	<input checked="" type="checkbox"/>

# Exceptions Criteria Tocilizumab Biosimilars

This document informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

These criteria were developed to align with the following: Medical Benefit Managed Medicaid (MMMB).

## Plan Design Summary

This program applies to the tocilizumab products specified in this document. Coverage for targeted products is provided based on clinical circumstances that would exclude the use of the preferred product and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to all members requesting treatment with a targeted product.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

## Table. Tocilizumab Products

Medications considered formulary or preferred on your plan may still require a clinical prior authorization review.

Abbreviations: IV = intravenous; SC = subcutaneous

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	<b>Product(s)</b>
Preferred	<ul style="list-style-type: none"> <li>• Tofidence (IV) (tocilizumab-bavi)</li> <li>• Tyenne (IV/SC) (tocilizumab-aazg)</li> </ul>
Target	<ul style="list-style-type: none"> <li>• Actemra (IV/SC)/Actemra ACTPen (tocilizumab)</li> </ul>

## Exception Criteria

Coverage for a targeted product is provided when the member has had a documented intolerable adverse event to both of the preferred tocilizumab products (Tofidence IV and Tyenne IV/SC), and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information (i.e., known adverse reaction for both the reference product and biosimilar products).

## References

1. Actemra [package insert]. South San Francisco, CA: Genentech, Inc.; August 2025.
2. Tofidence [package insert]. Jersey City, NJ: Organon & Co.; July 2025.
3. Tyenne [package insert]. Lake Zurich, IL: Fresenius Kabi USA LLC; August 2025.