

Actemra® (Tocilizumab) Injection for Intravenous Infusion

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[➔ Instructions for Use](#)

| Table of Contents | Page |
|---|------|
| Coverage Rationale | 1 |
| Applicable Codes | 5 |
| Background | 15 |
| Benefit Considerations | 15 |
| Clinical Evidence | 15 |
| U.S. Food and Drug Administration | 19 |
| References | 19 |
| Policy History/Revision Information | 20 |
| Instructions for Use | 20 |

| Related Commercial Policies |
|---|
| <ul style="list-style-type: none"> Oncology Medication Clinical Coverage Provider Administered Drugs – Site of Care |
| Community Plan Policy |
| <ul style="list-style-type: none"> Actemra® (Tocilizumab) Injection for Intravenous Infusion |

Coverage Rationale

[➔ See Benefit Considerations](#)

Refer to the Medical Benefit Drug Policy titled [Oncology Medication Clinical Coverage](#) for updated information based upon the National Comprehensive Cancer Network (NCCN) Drugs & Biologics Compendium® (NCCN Compendium®) for oncology indications.

This policy refers only to **Actemra (tocilizumab) injection for intravenous infusion**. Actemra (tocilizumab) for self-administered subcutaneous injection is obtained under the pharmacy benefit.

Polyarticular Juvenile Idiopathic Arthritis

Actemra is proven for the treatment of polyarticular juvenile idiopathic arthritis when all of the following criteria are met:

- For **initial therapy**, all of the following:
 - Diagnosis of polyarticular juvenile idiopathic arthritis (PJIA); **and**
 - Actemra is dosed according to U.S. Food and Drug Administration (FDA) labeled dosing for polyarticular juvenile idiopathic arthritis; **and**
 - Patient is **not** receiving Actemra in combination with a targeted immunomodulator [e.g., Enbrel (etanercept), Cimzia (certolizumab), Simponi (golimumab), Orencia (abatacept), adalimumab, Xeljanz (tofacitinib), Olumiant (baricitinib), Rinvoq (upadacitinib)]
and
 - Initial authorization is for no more than 12 months
- For **continuation of therapy**, all of the following:
 - Patient has previously received Actemra injection for intravenous infusion; **and**
 - Documentation of positive clinical response to Actemra; **and**
 - Actemra is dosed according to FDA labeled dosing for polyarticular juvenile idiopathic arthritis; **and**
 - Patient is **not** receiving Actemra in combination with a targeted immunomodulator [e.g., Enbrel (etanercept), Cimzia (certolizumab), Simponi (golimumab), Orencia (abatacept), adalimumab, Xeljanz (tofacitinib), Olumiant (baricitinib), Rinvoq (upadacitinib)]
and
 - Authorization is for no more than 12 months

Actemra is medically necessary for the treatment of polyarticular juvenile idiopathic arthritis when all of the following criteria are met:

- For **initial therapy**, all of the following:
 - Diagnosis of polyarticular juvenile idiopathic arthritis (PJIA); **and**
 - Actemra is dosed according to U.S. Food and Drug Administration (FDA) labeled dosing for polyarticular juvenile idiopathic arthritis; **and**
 - Patient is **not** receiving Actemra in combination with a targeted immunomodulator [e.g., Enbrel (etanercept), Cimzia (certolizumab), Simponi (golimumab), Orencia (abatacept), adalimumab, Xeljanz (tofacitinib), Olumiant (baricitinib), Rinvoq (upadacitinib)]
and
 - Prescribed by or in consultation with a rheumatologist; **and**
 - Initial authorization is for no more than 12 months
- For **continuation of therapy**, all of the following:
 - Patient has previously received Actemra injection for intravenous infusion; **and**
 - Documentation of positive clinical response to Actemra; **and**
 - Actemra is dosed according to FDA labeled dosing for polyarticular juvenile idiopathic arthritis; **and**
 - Patient is **not** receiving Actemra in combination with a targeted immunomodulator [e.g., Enbrel (etanercept), Cimzia (certolizumab), Simponi (golimumab), Orencia (abatacept), adalimumab, Xeljanz (tofacitinib), Olumiant (baricitinib), Rinvoq (upadacitinib)]
and
 - Authorization is for no more than 12 months

Rheumatoid Arthritis

Actemra is proven for the treatment of rheumatoid arthritis when all of the following criteria are met:

- For **initial therapy**, all of the following:
 - Diagnosis of moderately to severely active rheumatoid arthritis (RA); **and**
 - History of failure, contraindication, or intolerance to at least one non-biologic DMARD (e.g., methotrexate, leflunomide, sulfasalazine, hydroxychloroquine, minocycline, etc.); **and**
 - Actemra is dosed according to FDA labeled dosing for rheumatoid arthritis; **and**
 - Patient is **not** receiving Actemra in combination with a targeted immunomodulator [e.g., Enbrel (etanercept), Cimzia (certolizumab), Simponi (golimumab), Orencia (abatacept), adalimumab, Xeljanz (tofacitinib), Olumiant (baricitinib), Rinvoq (upadacitinib)]
and
 - Initial authorization is for no more than 12 months
- For **continuation of therapy**, all of the following:
 - Patient has previously received Actemra injection for intravenous infusion; **and**
 - Documentation of positive clinical response; **and**
 - Actemra is dosed according to FDA labeled dosing for rheumatoid arthritis; **and**
 - Patient is **not** receiving Actemra in combination with a targeted immunomodulator [e.g., Enbrel (etanercept), Cimzia (certolizumab), Simponi (golimumab), Orencia (abatacept), adalimumab, Xeljanz (tofacitinib), Olumiant (baricitinib), Rinvoq (upadacitinib)]
and
 - Authorization is for no more than 12 months

Actemra is medically necessary for the treatment of rheumatoid arthritis when all of the following criteria are met:

- For **initial therapy**, all of the following:
 - Diagnosis of moderately to severely active rheumatoid arthritis (RA); **and**
 - **One** of the following:
 - History of failure intolerance to a 3 month trial of **one** non-biologic disease modifying anti-rheumatic drug (DMARD) (e.g., methotrexate, leflunomide, sulfasalazine, hydroxychloroquine) at maximally indicated doses, unless contraindicated or clinically significant adverse effects are experienced; **or**
 - Patient has been previously treated with a biologic or targeted synthetic DMARD FDA-approved for the treatment of rheumatoid arthritis [e.g., Humira (adalimumab), Simponi (golimumab), Olumiant (baricitinib), Rinvoq (upadacitinib), Xeljanz (tofacitinib)]; **or**
 - Patient is currently on Actemra**and**
- Actemra is dosed according to FDA labeled dosing for rheumatoid arthritis; **and**

- Patient is **not** receiving Actemra in combination with a targeted immunomodulator [e.g., Enbrel (etanercept), Cimzia (certolizumab), Simponi (golimumab), Orencia (abatacept), adalimumab, Xeljanz (tofacitinib), Olumiant (baricitinib), Rinvoq (upadacitinib)]
and
- Prescribed by or in consultation with a rheumatologist; **and**
- Initial authorization is for no more than 12 months
- For **continuation of therapy**, all of the following:
 - Patient has previously received Actemra injection for intravenous infusion; **and**
 - Documentation of positive clinical response; **and**
 - Actemra is dosed according to FDA labeled dosing for rheumatoid arthritis; **and**
 - Patient is **not** receiving Actemra in combination with a targeted immunomodulator [e.g., Enbrel (etanercept), Cimzia (certolizumab), Simponi (golimumab), Orencia (abatacept), adalimumab, Xeljanz (tofacitinib), Olumiant (baricitinib), Rinvoq (upadacitinib)]
and
 - Authorization is for no more than 12 months

Systemic Juvenile Idiopathic Arthritis

Actemra is proven for the treatment of systemic juvenile idiopathic arthritis when all of the following criteria are met:

- For **initial therapy**, all of the following:
 - Diagnosis of systemic juvenile idiopathic arthritis (SJIA); **and**
 - Actemra is dosed according to FDA labeled dosing for systemic juvenile idiopathic arthritis; **and**
 - Patient is **not** receiving Actemra in combination with a targeted immunomodulator [e.g., Enbrel (etanercept), Cimzia (certolizumab), Simponi (golimumab), Orencia (abatacept), adalimumab, Xeljanz (tofacitinib), Olumiant (baricitinib), Rinvoq (upadacitinib)]
and
 - Initial authorization is for no more than 12 months
- For **continuation of therapy**, all of the following:
 - Patient has previously received Actemra injection for intravenous infusion; **and**
 - Documentation of positive clinical response; **and**
 - Actemra is dosed according to FDA labeled dosing for systemic juvenile idiopathic arthritis; **and**
 - Patient is **not** receiving Actemra in combination with a targeted immunomodulator [e.g., Enbrel (etanercept), Cimzia (certolizumab), Simponi (golimumab), Orencia (abatacept), adalimumab, Xeljanz (tofacitinib), Olumiant (baricitinib), Rinvoq (upadacitinib)]
and
 - Authorization is for no more than 12 months

Actemra is medically necessary for the treatment of Systemic juvenile idiopathic arthritis when all of the following criteria are met:

- For **initial therapy**, all of the following:
 - Diagnosis of systemic juvenile idiopathic arthritis (SJIA); **and**
 - Actemra is dosed according to FDA labeled dosing for systemic juvenile idiopathic arthritis; **and**
 - Patient is **not** receiving Actemra in combination with a targeted immunomodulator [e.g., Enbrel (etanercept), Cimzia (certolizumab), Simponi (golimumab), Orencia (abatacept), adalimumab, Xeljanz (tofacitinib), Olumiant (baricitinib), Rinvoq (upadacitinib)]
and
 - Prescribed by or in consultation with a rheumatologist; **and**
 - Initial authorization is for no more than 12 months
- For **continuation of therapy**, all of the following:
 - Patient has previously received Actemra injection for intravenous infusion; **and**
 - Documentation of positive clinical response; **and**
 - Actemra is dosed according to FDA labeled dosing for systemic juvenile idiopathic arthritis; **and**
 - Patient is **not** receiving Actemra in combination with a targeted immunomodulator [e.g., Enbrel (etanercept), Cimzia (certolizumab), Simponi (golimumab), Orencia (abatacept), adalimumab, Xeljanz (tofacitinib), Olumiant (baricitinib), Rinvoq (upadacitinib)]
and
 - Authorization is for no more than 12 months

Giant Cell Arteritis

Actemra is proven for the treatment of giant cell arteritis when all of the following criteria are met:

- For **initial therapy**, all of the following:
 - Diagnosis of giant cell arteritis (GCA); **and**
 - Actemra is dosed according to U.S. Food and Drug Administration (FDA) labeled dosing for giant cell arteritis; **and**
 - Patient is **not** receiving Actemra in combination with a targeted immunomodulator [e.g., Enbrel (etanercept), Cimzia (certolizumab), Simponi (golimumab), Orencia (abatacept), adalimumab, Xeljanz (tofacitinib), Olumiant (baricitinib), Rinvoq (upadacitinib)] **and**
 - Initial authorization is for no more than 12 months
- For **continuation of therapy**, all of the following:
 - Patient has previously received Actemra injection for intravenous infusion; **and**
 - Documentation of positive clinical response to Actemra; **and**
 - Actemra is dosed according to FDA labeled dosing for giant cell arteritis; **and**
 - Patient is **not** receiving Actemra in combination with a targeted immunomodulator [e.g., Enbrel (etanercept), Cimzia (certolizumab), Simponi (golimumab), Orencia (abatacept), adalimumab, Xeljanz (tofacitinib), Olumiant (baricitinib), Rinvoq (upadacitinib)] **and**
 - Authorization is for no more than 12 months

Actemra is medically necessary for the treatment of giant cell arteritis when all of the following criteria are met:

- For **initial therapy**, all of the following:
 - Diagnosis of giant cell arteritis (GCA); **and**
 - Actemra is dosed according to U.S. Food and Drug Administration (FDA) labeled dosing for giant cell arteritis; **and**
 - Patient is **not** receiving Actemra in combination with a targeted immunomodulator [e.g., Enbrel (etanercept), Cimzia (certolizumab), Simponi (golimumab), Orencia (abatacept), adalimumab, Xeljanz (tofacitinib), Olumiant (baricitinib), Rinvoq (upadacitinib)] **and**
 - Prescribed by or in consultation with a rheumatologist; **and**
 - Initial authorization is for no more than 12 months
- For **continuation of therapy**, all of the following:
 - Patient has previously received Actemra injection for intravenous infusion; **and**
 - Documentation of positive clinical response to Actemra; **and**
 - Actemra is dosed according to FDA labeled dosing for giant cell arteritis; **and**
 - Patient is **not** receiving Actemra in combination with a targeted immunomodulator [e.g., Enbrel (etanercept), Cimzia (certolizumab), Simponi (golimumab), Orencia (abatacept), adalimumab, Xeljanz (tofacitinib), Olumiant (baricitinib), Rinvoq (upadacitinib)] **and**
 - Authorization is for no more than 12 months

Cytokine Release Syndrome

Actemra is proven and medically necessary for the treatment of cytokine release syndrome when all of the following criteria are met:

- For **initial therapy**, all of the following:
 - Diagnosis of cytokine release syndrome (CRS); **and**
 - Patient has received treatment with **one** of the following:
 - Chimeric antigen receptor (CAR) T cell therapy [e.g., Kymriah (tisagenlecleucel), Yescarta (axicabtagene ciloleucel)]
 - CD3-directed therapy [e.g., Blincyto (blinatumomab), Tecvayli (teclistamab)]**and**
 - Actemra is dosed according to FDA labeled dosing for CRS; **and**
 - Initial authorization is for no more than 4 doses
- For **continuation of therapy**, all of the following:
 - Documentation of positive clinical response; **and**
 - Patient continues to experience signs and symptoms of CRS; **and**
 - Actemra is dosed according to FDA labeled dosing for CRS; **and**
 - Authorization is for no more than 4 doses

Acute Graft-Versus-Host Disease (GVHD)

Actemra is proven and medically necessary for the treatment of acute graft-versus-host disease (GVHD) when all of the following criteria are met:

- For **initial therapy**, all of the following:
 - Diagnosis of steroid-refractory acute GVHD; **and**
 - **One** of the following:
 - Patient is receiving Actemra in combination with systemic corticosteroids
 - Patient is intolerant to systemic corticosteroid therapy
 - and**
 - Initial authorization is for no more than 4 doses
- For **continuation of therapy**, all of the following:
 - Documentation of positive clinical response; **and**
 - Patient continues to experience acute GVHD; **and**
 - **One** of the following:
 - Patient is receiving Actemra in combination with systemic corticosteroids
 - Patient is intolerant to systemic corticosteroid therapy
 - and**
 - Authorization is for no more than 4 doses

Immune Checkpoint Inhibitor-Related Toxicities

Actemra is proven and medically necessary for the treatment of immune checkpoint inhibitor-related toxicities when all of the following criteria are met:

- Patient has recently received checkpoint inhibitor therapy [e.g., Keytruda (Pembrolizumab), Opdivo (Nivolumab)]; **and**
- Diagnosis of severe immunotherapy-related inflammatory arthritis; **and**
- No symptom improvement after 7 days of starting high-dose corticosteroids; **and**
- History of failure, contraindication, or intolerance to infliximab; **and**
- **One** of the following:
 - Patient is receiving Actemra in combination with systemic corticosteroids
 - Patient is intolerant to systemic corticosteroid therapy
- and**
- Authorization is for no more than 4 doses

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

| HCPCS Code | Description |
|------------|------------------------------|
| J3262 | Injection, tocilizumab, 1 mg |

| Diagnosis Code | Description |
|----------------|--|
| D89.810 | Acute graft-versus-host disease |
| D89.831 | Cytokine release syndrome, grade 1 |
| D89.832 | Cytokine release syndrome, grade 2 |
| D89.833 | Cytokine release syndrome, grade 3 |
| D89.834 | Cytokine release syndrome, grade 4 |
| D89.835 | Cytokine release syndrome, grade 5 |
| D89.839 | Cytokine release syndrome, grade 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 |

| Diagnosis Code | Description |
|----------------|---|
| 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 shoulder |
| 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 |
| 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 |
| M05.30 | Rheumatoid heart disease with rheumatoid arthritis of unspecified site |
| M05.311 | Rheumatoid heart disease with rheumatoid arthritis of right shoulder |
| M05.312 | Rheumatoid heart disease with rheumatoid arthritis of left shoulder |

| Diagnosis Code | Description |
|----------------|--|
| M05.319 | Rheumatoid heart disease with rheumatoid arthritis of unspecified shoulder |
| M05.321 | Rheumatoid heart disease with rheumatoid arthritis of right elbow |
| M05.322 | Rheumatoid heart disease with rheumatoid arthritis of left elbow |
| M05.329 | Rheumatoid heart disease with rheumatoid arthritis of unspecified elbow |
| M05.331 | Rheumatoid heart disease with rheumatoid arthritis of right wrist |
| M05.332 | Rheumatoid heart disease with rheumatoid arthritis of left wrist |
| M05.339 | Rheumatoid heart disease with rheumatoid arthritis of unspecified wrist |
| M05.341 | Rheumatoid heart disease with rheumatoid arthritis of right hand |
| M05.342 | Rheumatoid heart disease with rheumatoid arthritis of left hand |
| M05.349 | Rheumatoid heart disease with rheumatoid arthritis of unspecified hand |
| M05.351 | Rheumatoid heart disease with rheumatoid arthritis of right hip |
| M05.352 | Rheumatoid heart disease with rheumatoid arthritis of left hip |
| M05.359 | Rheumatoid heart disease with rheumatoid arthritis of unspecified hip |
| M05.361 | Rheumatoid heart disease with rheumatoid arthritis of right knee |
| M05.362 | Rheumatoid heart disease with rheumatoid arthritis of left knee |
| M05.369 | Rheumatoid heart disease with rheumatoid arthritis of unspecified knee |
| M05.371 | Rheumatoid heart disease with rheumatoid arthritis of right ankle and foot |
| M05.372 | Rheumatoid heart disease with rheumatoid arthritis of left ankle and foot |
| M05.379 | Rheumatoid heart disease with rheumatoid arthritis of unspecified ankle and foot |
| M05.39 | Rheumatoid heart disease with rheumatoid arthritis of multiple sites |
| 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 |
| 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 |

| Diagnosis Code | Description |
|----------------|---|
| 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 |
| 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 |
| M05.60 | 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 |

| Diagnosis Code | Description |
|----------------|--|
| 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 |
| M05.7A | Rheumatoid arthritis with rheumatoid factor of other specified site 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 |
| 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 |

| Diagnosis Code | Description |
|----------------|---|
| 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 |
| M05.8A | Other rheumatoid arthritis with rheumatoid factor of other specified site |
| 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 |
| 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 sites |
| M06.0A | Rheumatoid arthritis without rheumatoid factor, other specified site |
| M06.1 | Adult-onset Still's disease |
| M06.20 | Rheumatoid bursitis, unspecified site |
| M06.211 | Rheumatoid bursitis, right shoulder |
| M06.212 | Rheumatoid bursitis, left shoulder |
| M06.219 | Rheumatoid bursitis, unspecified shoulder |
| M06.221 | Rheumatoid bursitis, right elbow |
| M06.222 | Rheumatoid bursitis, left elbow |
| M06.229 | Rheumatoid bursitis, unspecified elbow |

| Diagnosis Code | Description |
|----------------|--|
| M06.231 | Rheumatoid bursitis, right wrist |
| M06.232 | Rheumatoid bursitis, left wrist |
| M06.239 | Rheumatoid bursitis, unspecified wrist |
| M06.241 | Rheumatoid bursitis, right hand |
| M06.242 | Rheumatoid bursitis, left hand |
| M06.249 | Rheumatoid bursitis, unspecified hand |
| M06.251 | Rheumatoid bursitis, right hip |
| M06.252 | Rheumatoid bursitis, left hip |
| M06.259 | Rheumatoid bursitis, unspecified hip |
| M06.261 | Rheumatoid bursitis, right knee |
| M06.262 | Rheumatoid bursitis, left knee |
| M06.269 | Rheumatoid bursitis, unspecified knee |
| M06.271 | Rheumatoid bursitis, right ankle and foot |
| M06.272 | Rheumatoid bursitis, left ankle and foot |
| M06.279 | Rheumatoid bursitis, unspecified ankle and foot |
| M06.28 | Rheumatoid bursitis, vertebrae |
| M06.29 | Rheumatoid bursitis, multiple sites |
| M06.30 | Rheumatoid nodule, unspecified site |
| M06.311 | Rheumatoid nodule, right shoulder |
| M06.312 | Rheumatoid nodule, left shoulder |
| M06.319 | Rheumatoid nodule, unspecified shoulder |
| M06.321 | Rheumatoid nodule, right elbow |
| M06.322 | Rheumatoid nodule, left elbow |
| M06.329 | Rheumatoid nodule, unspecified elbow |
| M06.331 | Rheumatoid nodule, right wrist |
| M06.332 | Rheumatoid nodule, left wrist |
| M06.339 | Rheumatoid nodule, unspecified wrist |
| M06.341 | Rheumatoid nodule, right hand |
| M06.342 | Rheumatoid nodule, left hand |
| M06.349 | Rheumatoid nodule, unspecified hand |
| M06.351 | Rheumatoid nodule, right hip |
| M06.352 | Rheumatoid nodule, left hip |
| M06.359 | Rheumatoid nodule, unspecified hip |
| M06.361 | Rheumatoid nodule, right knee |
| M06.362 | Rheumatoid nodule, left knee |
| M06.369 | Rheumatoid nodule, unspecified knee |
| M06.371 | Rheumatoid nodule, right ankle and foot |
| M06.372 | Rheumatoid nodule, left ankle and foot |
| M06.379 | Rheumatoid nodule, unspecified ankle and foot |
| M06.38 | Rheumatoid nodule, vertebrae |
| M06.39 | Rheumatoid nodule, multiple sites |
| 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 |

| Diagnosis Code | Description |
|----------------|---|
| M06.821 | Other specified rheumatoid arthritis, right elbow |
| 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 |
| M06.8A | Other specified rheumatoid arthritis, other specified site |
| M06.9 | Rheumatoid arthritis, unspecified |
| M08.00 | Unspecified juvenile rheumatoid arthritis of unspecified site |
| M08.011 | Unspecified juvenile rheumatoid arthritis, right shoulder |
| M08.012 | Unspecified juvenile rheumatoid arthritis, left shoulder |
| M08.019 | Unspecified juvenile rheumatoid arthritis, unspecified shoulder |
| M08.021 | Unspecified juvenile rheumatoid arthritis, right elbow |
| M08.022 | Unspecified juvenile rheumatoid arthritis, left elbow |
| M08.029 | Unspecified juvenile rheumatoid arthritis, unspecified elbow |
| M08.031 | Unspecified juvenile rheumatoid arthritis, right wrist |
| M08.032 | Unspecified juvenile rheumatoid arthritis, left wrist |
| M08.039 | Unspecified juvenile rheumatoid arthritis, unspecified wrist |
| M08.041 | Unspecified juvenile rheumatoid arthritis, right hand |
| M08.042 | Unspecified juvenile rheumatoid arthritis, left hand |
| M08.049 | Unspecified juvenile rheumatoid arthritis, unspecified hand |
| M08.051 | Unspecified juvenile rheumatoid arthritis, right hip |
| M08.052 | Unspecified juvenile rheumatoid arthritis, left hip |
| M08.059 | Unspecified juvenile rheumatoid arthritis, unspecified hip |
| M08.061 | Unspecified juvenile rheumatoid arthritis, right knee |
| M08.062 | Unspecified juvenile rheumatoid arthritis, left knee |
| M08.069 | Unspecified juvenile rheumatoid arthritis, unspecified knee |
| M08.071 | Unspecified juvenile rheumatoid arthritis, right ankle and foot |
| M08.072 | Unspecified juvenile rheumatoid arthritis, left ankle and foot |
| M08.079 | Unspecified juvenile rheumatoid arthritis, unspecified ankle and foot |
| M08.08 | Unspecified juvenile rheumatoid arthritis, vertebrae |

| Diagnosis Code | Description |
|----------------|---|
| M08.09 | Unspecified juvenile rheumatoid arthritis, multiple sites |
| M08.0A | Unspecified juvenile rheumatoid arthritis, other specified site |
| M08.20 | Juvenile rheumatoid arthritis with systemic onset, unspecified site |
| M08.211 | Juvenile rheumatoid arthritis with systemic onset, right shoulder |
| M08.212 | Juvenile rheumatoid arthritis with systemic onset, left shoulder |
| M08.219 | Juvenile rheumatoid arthritis with systemic onset, unspecified shoulder |
| M08.221 | Juvenile rheumatoid arthritis with systemic onset, right elbow |
| M08.222 | Juvenile rheumatoid arthritis with systemic onset, left elbow |
| M08.229 | Juvenile rheumatoid arthritis with systemic onset, unspecified elbow |
| M08.231 | Juvenile rheumatoid arthritis with systemic onset, right wrist |
| M08.232 | Juvenile rheumatoid arthritis with systemic onset, left wrist |
| M08.239 | Juvenile rheumatoid arthritis with systemic onset, unspecified wrist |
| M08.241 | Juvenile rheumatoid arthritis with systemic onset, right hand |
| M08.242 | Juvenile rheumatoid arthritis with systemic onset, left hand |
| M08.249 | Juvenile rheumatoid arthritis with systemic onset, unspecified hand |
| M08.251 | Juvenile rheumatoid arthritis with systemic onset, right hip |
| M08.252 | Juvenile rheumatoid arthritis with systemic onset, left hip |
| M08.259 | Juvenile rheumatoid arthritis with systemic onset, unspecified hip |
| M08.261 | Juvenile rheumatoid arthritis with systemic onset, right knee |
| M08.262 | Juvenile rheumatoid arthritis with systemic onset, left knee |
| M08.269 | Juvenile rheumatoid arthritis with systemic onset, unspecified knee |
| M08.271 | Juvenile rheumatoid arthritis with systemic onset, right ankle and foot |
| M08.272 | Juvenile rheumatoid arthritis with systemic onset, left ankle and foot |
| M08.279 | Juvenile rheumatoid arthritis with systemic onset, unspecified ankle and foot |
| M08.28 | Juvenile rheumatoid arthritis with systemic onset, vertebrae |
| M08.29 | Juvenile rheumatoid arthritis with systemic onset, multiple sites |
| M08.2A | Juvenile rheumatoid arthritis with systemic onset, other specified site |
| M08.3 | Juvenile rheumatoid polyarthritis (seronegative) |
| M08.80 | Other juvenile arthritis, unspecified site |
| M08.811 | Other juvenile arthritis, right shoulder |
| M08.812 | Other juvenile arthritis, left shoulder |
| M08.819 | Other juvenile arthritis, unspecified shoulder |
| M08.821 | Other juvenile arthritis, right elbow |
| M08.822 | Other juvenile arthritis, left elbow |
| M08.829 | Other juvenile arthritis, unspecified elbow |
| M08.831 | Other juvenile arthritis, right wrist |
| M08.832 | Other juvenile arthritis, left wrist |
| M08.839 | Other juvenile arthritis, unspecified wrist |
| M08.841 | Other juvenile arthritis, right hand |
| M08.842 | Other juvenile arthritis, left hand |
| M08.849 | Other juvenile arthritis, unspecified hand |
| M08.851 | Other juvenile arthritis, right hip |
| M08.852 | Other juvenile arthritis, left hip |
| M08.859 | Other juvenile arthritis, unspecified hip |
| M08.861 | Other juvenile arthritis, right knee |

| Diagnosis Code | Description |
|----------------|---|
| M08.862 | Other juvenile arthritis, left knee |
| M08.869 | Other juvenile arthritis, unspecified knee |
| M08.871 | Other juvenile arthritis, right ankle and foot |
| M08.872 | Other juvenile arthritis, left ankle and foot |
| M08.879 | Other juvenile arthritis, unspecified ankle and foot |
| M08.88 | Other juvenile arthritis, vertebrae |
| M08.89 | Other juvenile arthritis, multiple sites |
| M08.90 | Juvenile arthritis, unspecified, unspecified site |
| M08.911 | Juvenile arthritis, unspecified, right shoulder |
| M08.912 | Juvenile arthritis, unspecified, left shoulder |
| M08.919 | Juvenile arthritis, unspecified, unspecified shoulder |
| M08.921 | Juvenile arthritis, unspecified, right elbow |
| M08.922 | Juvenile arthritis, unspecified, left elbow |
| M08.929 | Juvenile arthritis, unspecified, unspecified elbow |
| M08.931 | Juvenile arthritis, unspecified, right wrist |
| M08.932 | Juvenile arthritis, unspecified, left wrist |
| M08.939 | Juvenile arthritis, unspecified, unspecified wrist |
| M08.941 | Juvenile arthritis, unspecified, right hand |
| M08.942 | Juvenile arthritis, unspecified, left hand |
| M08.949 | Juvenile arthritis, unspecified, unspecified hand |
| M08.951 | Juvenile arthritis, unspecified, right hip |
| M08.952 | Juvenile arthritis, unspecified, left hip |
| M08.959 | Juvenile arthritis, unspecified, unspecified hip |
| M08.961 | Juvenile arthritis, unspecified, right knee |
| M08.962 | Juvenile arthritis, unspecified, left knee |
| M08.969 | Juvenile arthritis, unspecified, unspecified knee |
| M08.971 | Juvenile arthritis, unspecified, right ankle and foot |
| M08.972 | Juvenile arthritis, unspecified, left ankle and foot |
| M08.979 | Juvenile arthritis, unspecified, unspecified ankle and foot |
| M08.98 | Juvenile arthritis, unspecified, vertebrae |
| M08.99 | Juvenile arthritis, unspecified, multiple sites |
| M08.9A | Juvenile arthritis, unspecified, other specified site |
| M31.5 | Giant cell arteritis with polymyalgia rheumatica |
| M31.6 | Other giant cell arteritis |
| T45.1X5A | Adverse effect of antineoplastic and immunosuppressive drugs, initial encounter |
| T45.1X5D | Adverse effect of antineoplastic and immunosuppressive drugs, subsequent encounter |
| T45.1X5S | Adverse effect of antineoplastic and immunosuppressive drugs, sequela |
| T80.82XA | Complication of immune effector cellular therapy, initial encounter |
| T80.82XD | Complication of immune effector cellular therapy, subsequent encounter |
| T80.82XS | Complication of immune effector cellular therapy, sequela |
| T80.89XA | Other complications following infusion, transfusion and therapeutic injection, initial encounter |
| T80.89XD | Other complications following infusion, transfusion and therapeutic injection, subsequent encounter |
| T80.89XS | Other complications following infusion, transfusion and therapeutic injection, sequela |
| T80.90XA | Unspecified complication following infusion and therapeutic injection, initial encounter |
| T80.90XD | Unspecified complication following infusion and therapeutic injection, subsequent encounter |

| Diagnosis Code | Description |
|----------------|---|
| T80.90XS | Unspecified complication following infusion and therapeutic injection, sequela |
| T81.89XA | Other complications of procedures, not elsewhere classified, initial encounter |
| T81.89XD | Other complications of procedures, not elsewhere classified, subsequent encounter |
| T81.89XS | Other complications of procedures, not elsewhere classified, sequela |
| T81.9XXA | Unspecified complication of procedure, initial encounter |
| T81.9XXD | Unspecified complication of procedure, subsequent encounter |
| T81.9XXS | Unspecified complication of procedure, sequela |
| T86.5 | Complications of stem cell transplant |
| Z92.850 | Personal history of Chimeric Antigen Receptor T-cell therapy |

Background

Actemra (tocilizumab) is a recombinant humanized anti-human interleukin 6 (IL-6) receptor monoclonal antibody. It binds specifically to both soluble and membrane-bound IL-6 receptors, and has been shown to inhibit IL-6-mediated signaling through these receptors. IL-6 is a pro-inflammatory cytokine and has been shown to be involved in diverse physiological processes such as T-cell activation, induction of immunoglobulin secretion, initiation of hepatic acute phase protein synthesis, and stimulation of hematopoietic precursor cell proliferation and differentiation. IL-6 is also produced by synovial and endothelial cells leading to local production of IL-6 in joints affected by inflammatory processes such as rheumatoid arthritis.¹

Benefit Considerations

Some Certificates of Coverage allow for coverage of experimental/investigational/unproven treatments for life-threatening illnesses when certain conditions are met. The member specific benefit plan document must be consulted to make coverage decisions for this service. Some states mandate benefit coverage for off-label use of medications for some diagnoses or under some circumstances when certain conditions are met. Where such mandates apply, they supersede language in the benefit document or in the medical or drug policy. Benefit coverage for an otherwise unproven service for the treatment of serious rare diseases may occur when certain conditions are met. Refer to the Policy and Procedure addressing the treatment of serious rare diseases.

Clinical Evidence

Rheumatoid Arthritis

Huizinga et al, published the analysis for the 2-year and 3-year results of the double-blind, placebo-controlled, parallel-group ACT-RAY trial that assessed the efficacy and safety of tocilizumab (TCZ) plus methotrexate/placebo (MTX/PBO) and the course of disease activity in patients who discontinued TCZ due to sustained remission.⁸ During the first 24 weeks, all patients (n = 556) were randomized either to continue oral MTX with the addition of open-label TCZ 8 mg/kg intravenously every 4 weeks (add-on strategy) or switch to TCZ alone with PBO (switch strategy). Between weeks 24 and 52, treatment with TCZ plus blinded MTX/PBO continued unchanged; however, if Disease Activity Score in 28 joints based on erythrocyte sedimentation rate (DAS28-ESR) was > 3.2 at week 24, an open-label conventional synthetic disease-modifying antirheumatic drug (csDMARD) (sulfasalazine, leflunomide, hydroxychloroquine or azathioprine; choice and dose at investigator's discretion) was added. If DAS28-ESR was > 3.2 at week 36 with an added csDMARD, the patient was moved to the maintenance arm (TCZ + blinded MTX/PBO + open-label csDMARD) for the remainder of the study, with the option to receive an additional open-label csDMARD per the investigator's discretion. Between weeks 52 and 104, open-label treatment was adapted based on response every 12 weeks, and patients continued the study in one of four treat-to-target strategies. The primary endpoint has previously been published.⁹ Secondary endpoints included rate and time to TCZ-free and drug-free remission, time to flare after TCZ-free remission, and time to restart of treatment after TCZ-free remission. Radiographic endpoints included progression of joint destruction based on the Genant-modified Sharp Score (GSS) at weeks 24, 52, and 104 among others. Of the randomized patients, 76% (472) completed year 2, where 50.4% discontinued TCZ by week 104, with no significant difference between treatment groups [129 (53.1%) add-on vs. 109 (47.6%) switch patients; p = 0.170]. Twenty-eight (11.8%) of 238 patients achieved total drug-free remission due to sustained achievement of DAS28-ESR < 2.6. A significantly higher proportion of patients in the add-on arm achieved drug-free remission compared with patients in the switch arm [21/243 (8.6%) vs 7/229 (3.1%); p = 0.010]. A total of 200 patients subsequently flared following TCZ-free remission, with 82.5% (95% CI 75.4% to 88.5%) and 88.5% (95% CI 81.5% to 93.7%) of patients in the add-on and switch arms, respectively, experiencing flare within 52 weeks after

achieving TCZ-free remission. At week 104, the majority of patients demonstrated minimal progression of radiographic structural damage. The adjusted mean change in total GSS was 0.35 for add-on and 0.95 for switch ($p = 0.034$). The overall safety profile was similar for both treatment groups. The frequencies of adverse events (AE), serious AE (SAE), and discontinuations due to AEs were similar between the two treatment groups. The investigators concluded that treat-to-target strategies could be successful with TCZ to achieve a sustained free remission after discontinuation. TCZ free remission was maintained on average of three months prior to flaring, which then was controlled with resumption of TCZ.

NCCN Recommended Uses

According to the NCCN Drugs & Biologics Compendium, NCCN recommends (2A) tocilizumab for the treatment of:

- Acute lymphoblastic leukemia
 - Consider as supportive care for patients who develop refractory cytokine release syndrome (CRS) related to blinatumomab therapy
- Castleman's disease
 - Subsequent therapy as a single agent for multicentric Castleman's Disease (CD) that has progressed following treatment of relapsed/refractory or progressive disease
 - Second-line therapy as a single agent for relapsed or refractory unicentric CD for patients who are human immunodeficiency virus-negative and human herpesvirus-8-negative
- Acute graft-versus-host disease (GVHD) - as additional therapy in conjunction with systemic corticosteroids following no response (steroid-refractory disease) to first-line therapy options
 - Therapy for steroid-refractory acute GVHD is often used in conjunction with the original immunosuppressive agent
- Immune checkpoint inhibitor-related toxicities - Consider adding tocilizumab for the management of immunotherapy-related
 - Severe immunotherapy-related inflammatory arthritis if symptoms do not improve within 1 weeks of starting high-dose corticosteroids or if unable to taper corticosteroids by week 2
- CAR T-Cell-Related Toxicities
 - Prolonged (> 3 days) G1 cytokine release syndrome (CRS) in patients with significant symptoms and/or comorbidities
 - Assess need for subsequent dosing after each dose (no more than 3 doses in 24 hours up to a maximum of 4 doses)
 - G2-4 cytokine release syndrome (CRS)
 - Assess need for subsequent dosing after each dose (no more than 3 doses in 24 hours up to a maximum of 4 doses)
 - G1-4 neurotoxicity as additional single-dose therapy if concurrent CRS
 - Repeat dosing as needed (no more than 3 doses in 24 hours up to a maximum of 4 doses) if not responsive to IV fluids or increasing supplemental oxygen

Professional Societies

Rheumatoid Arthritis

The 2021 American College of Rheumatology (ACR) RA updated treatment guideline addresses the use of DMARDs, including conventional synthetic DMARDs, biologic DMARDs, and targeted synthetic DMARDs, , glucocorticoids, and the use of DMARDs in certain high-risk populations (i.e., those with liver disease, heart failure, lymphoproliferative disorders, previous serious infections, and nontuberculosis mycobacterial lung disease).¹⁸ The guideline recommendations apply to common clinical situations, since the panel considered issues common to most patients, not exceptions.

Recommendations are classified as either strong or conditional. A strong recommendation means that the panel was confident that the desirable effects of following the recommendation outweigh the undesirable effects (or vice versa), so the course of action would apply to most patients, and only a small proportion would not want to follow the recommendation. A conditional recommendation means that the desirable effects of following the recommendation probably outweigh the undesirable effects, so the course of action would apply to the majority of patients, but some may not want to follow the recommendation. As a result, conditional recommendations are preference sensitive and warrant a shared decision-making approach.

Recommendations for DMARD-Naïve Patients:

- A treat-to-target approach is strongly recommended over usual care for patients who have not been previously treated with bDMARDs or tsDMARDs regardless of disease activity level.
- A minimal initial treatment goal of low disease activity is conditionally recommended over a goal of remission.
- Moderate-to-high disease activity:
 - Methotrexate is strongly recommended over hydroxychloroquine or sulfasalazine.
 - Methotrexate is conditionally recommended over leflunomide.
 - Methotrexate monotherapy is strongly recommended over bDMARD or tsDMARD monotherapy.
 - Methotrexate monotherapy is conditionally recommended over dual or triple csDMARD therapy.

- Methotrexate monotherapy is conditionally recommended over methotrexate plus a tumor necrosis factor (TNF) inhibitor.
- Initiation of a csDMARD without short-term (< 3 months) glucocorticoids is conditionally recommended over initiation of a csDMARD with short-term glucocorticoids.
- Initiation of a csDMARD without longer term (≥ 3 months) glucocorticoids is strongly recommended over initiation of a csDMARD with longer-term glucocorticoids.
- Low disease activity.
- Hydroxychloroquine is conditionally recommended over other csDMARDs, sulfasalazine is conditionally recommended over methotrexate, and methotrexate is conditionally recommended over leflunomide.

Recommendations for DMARD-Experienced Patients:

- A treat-to-target approach is conditionally recommended over usual care for patients who have had an inadequate response to bDMARDs or tsDMARDs.
- Methotrexate monotherapy is conditionally recommended over the combination of methotrexate plus a bDMARD or tsDMARD.
- Oral methotrexate is conditionally recommended over subcutaneous methotrexate for patients initiating methotrexate.
- Initiation/titration of methotrexate to a weekly dose of at least 15 mg within 4 to 6 weeks is conditionally recommended over initiation/titration to a weekly dose of less than 15 mg.
- A split dose of oral methotrexate over 24 hours or weekly subcutaneous injections, and/or an increased dose of folic/folinic acid, is conditionally recommended over switching to alternative DMARD(s) for patients not tolerating oral weekly methotrexate.
- Switching to subcutaneous methotrexate is conditionally recommended over the addition of/ switching to alternative DMARD(s) for patients taking oral methotrexate who are not at target.

Recommendations for Treatment Modification:

- Addition of a bDMARD or tsDMARD is conditionally recommended over triple therapy (i.e., addition of sulfasalazine and hydroxychloroquine) for patients taking maximally tolerated doses of methotrexate who are not at target.
- Switching to a bDMARD or tsDMARD of a different class is conditionally recommended over switching to a bDMARD or tsDMARD belonging to the same class for patients taking a bDMARD or tsDMARD who are not at target.
- Addition of/switching to DMARDs is conditionally recommended over continuation of glucocorticoids for patients taking glucocorticoids to remain at target.
- Addition of/switching to DMARDs (with or without intraarticular [IA] glucocorticoids) is conditionally recommended over the use of IA glucocorticoids alone for patients taking DMARDs who are not at target.
- Continuation of all DMARDs at their current dose is conditionally recommended over a dose reduction of a DMARD, dose reduction is conditionally recommended over gradual discontinuation of a DMARD, and gradual discontinuation is conditionally recommended over abrupt discontinuation of a DMARD for patients who are at target for at least 6 months.
- Gradual discontinuation of sulfasalazine is conditionally recommended over gradual discontinuation of hydroxychloroquine for patients taking triple therapy who wish to discontinue a DMARD.
- Gradual discontinuation of methotrexate is conditionally recommended over gradual discontinuation of the bDMARD or tsDMARD for patients taking methotrexate plus a bDMARD or tsDMARD who wish to discontinue a DMARD.

Recommendations for Specific Patient Populations:

- Subcutaneous nodules
 - Methotrexate is conditionally recommended over alternative DMARDs for patients with subcutaneous nodules who have moderate-to-high disease activity Switching to a non-methotrexate DMARD is conditionally recommended over continuation of methotrexate for patients taking methotrexate with progressive subcutaneous nodules
- Pulmonary disease
 - Methotrexate is conditionally recommended over alternative DMARDs for the treatment of inflammatory arthritis for patients with clinically diagnosed mild and stable airway or parenchymal lung disease, or incidental disease detected on imaging, who have moderate-to-high disease activity
- Lymphoproliferative Disorder
 - Rituximab is conditionally recommended over other DMARDs for patients who have a previous lymphoproliferative disorder for which rituximab is an approved treatment and who have moderate-to-high disease activity
- Heart Failure

- Addition of a non–TNF inhibitor bDMARD or tsDMARD is conditionally recommended over addition of a TNF inhibitor for patients with New York Heart Association (NYHA) class III or IV heart failure and an inadequate response to csDMARDs
- Switching to a non–TNF inhibitor bDMARD or tsDMARD is conditionally recommended over continuation of a TNF inhibitor for patients taking a TNF inhibitor who develop heart failure
- Hepatitis B
 - Prophylactic antiviral therapy is strongly recommended over frequent monitoring of viral load and liver enzymes alone for patients initiating rituximab who are hepatitis B core antibody positive (regardless of hepatitis B surface antigen status)
 - Prophylactic antiviral therapy is strongly recommended over frequent monitoring alone for patients initiating any bDMARD or tsDMARD who are hepatitis B core antibody positive and hepatitis B surface antigen positive
 - Frequent monitoring alone of viral load and liver enzymes is conditionally recommended over prophylactic antiviral therapy for patients initiating a bDMARD other than rituximab or a tsDMARD who are hepatitis B core antibody positive and hepatitis B surface antigen negative
- Nonalcoholic fatty liver disease (NAFLD)
 - Methotrexate is conditionally recommended over alternative DMARDs for DMARD-naive patients with NAFLD, normal liver enzymes and liver function tests, and no evidence of advanced liver fibrosis who have moderate-to-high disease activity
 - Persistent hypogammaglobulinemia without infection
 - In the setting of persistent hypogammaglobulinemia without infection, continuation of rituximab therapy for patients at target is conditionally recommended over switching to a different bDMARD or tsDMARD
- Serious Infections
 - Addition of csDMARDs is conditionally recommended over addition of a bDMARD or tsDMARD for patients with a serious infection within the previous 12 months who have moderate-to-high disease activity despite csDMARD monotherapy
 - Addition of/switching to DMARDs is conditionally recommended over initiation/dose escalation of glucocorticoids for patients with a serious infection within the previous 12 months who have moderate-to-high disease activity
- Lung Disease
 - Use of the lowest possible dose of glucocorticoids (discontinuation if possible) is conditionally recommended over continuation of glucocorticoids without dose modification for patients with NTM lung disease This recommendation is based on studies suggesting an increased risk of NTM lung disease in patients receiving either inhaled or oral glucocorticoids (54,55)
 - Addition of csDMARDs is conditionally recommended over addition of a bDMARD or tsDMARD for patients with NTM lung disease who have moderate-to-high disease activity despite csDMARD monotherapy This recommendation is based on the lower expected risk of NTM lung disease associated with csDMARDs compared to bDMARDs and tsDMARDs (56)
 - Abatacept is conditionally recommended over other bDMARDs and tsDMARDs for patients with NTM lung disease who have moderate-to high disease activity despite csDMARDs

Juvenile Idiopathic Arthritis

The 2019 American College of Rheumatology (ACR) and Arthritis Foundation guideline for the treatment of juvenile idiopathic arthritis includes the use of tocilizumab.⁷

- General medication recommendations for children and adolescents with JIA and polyarthritis
 - Biologic DMARDS
 - In children and adolescents with JIA and polyarthritis initiating treatment with a biologic (etanercept, adalimumab, golimumab, abatacept, or tocilizumab) combination therapy with a DMARD is conditionally recommended over biologic monotherapy
- General guidelines for the initial and subsequent treatment of children and adolescents with JIA and polyarthritis
 - Subsequent therapy: Moderate/high disease activity (cJADAS-10 > 2.5)
 - If patient is receiving DMARD monotherapy: Adding a biologic to original DMARD is conditionally recommended over changing to a second DMARD. Adding a biologic is conditionally recommended over changing to triple DMARD therapy
 - If patient is receiving first TNFi (±DMARD): Switching to a non-TNFi biologic (tocilizumab or abatacept) is conditionally recommended over switching to a second TNFi. A second TNFi may be appropriate for patients with good initial response to their first TNFi (i.e., secondary failure)
 - If patient is receiving second biologic: Using TNFi, abatacept, or tocilizumab (depending on prior biologics received) is conditionally recommended over rituximab

Giant Cell Arteritis

The 2021 American College of Rheumatology and Vasculitis Foundation guideline for the management of giant cell arteritis and Takayasu arteritis includes the use of tocilizumab.¹⁰

- Recommendations and ungraded position statements for the management of giant cell arteritis (GCA):
 - For patients with newly diagnosed GCA, the use of oral glucocorticoids with tocilizumab over oral glucocorticoids alone is conditionally recommended
 - For patients with GCA with active extracranial large vessel involvement, treatment with oral glucocorticoids combined with a nonglucocorticoid immunosuppressive agent (e.g., tocilizumab, methotrexate) over oral glucocorticoids alone is conditionally recommended
 - For patients with GCA who experience disease relapse with cranial symptoms while receiving glucocorticoids, adding tocilizumab and increasing the dose of glucocorticoids over adding methotrexate and increasing the dose of glucocorticoids is conditionally recommended

U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Actemra is indicated for the treatment of 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). For this indication, Actemra may be used alone or in combination with methotrexate or other DMARDs.¹

Actemra is indicated for the treatment of active polyarticular juvenile idiopathic arthritis and active systemic juvenile idiopathic arthritis in patients 2 years of age and older. For these indications, Actemra may be used alone or in combination with methotrexate.¹ Actemra is indicated for the treatment of giant cell arteritis (GCA) in adult patients. Actemra is recommended to be used in combination with a tapering course of glucocorticoids and may be used alone following discontinuation of glucocorticoids.¹

Actemra is also indicated for the treatment of chimeric antigen receptor (CAR) T cell-induced severe or life-threatening cytokine release syndrome in adults and pediatric patients 2 years of age and older. Actemra may be used alone or in combination with corticosteroids.¹

References

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11. Fraenkel L, Bathon JM, England BR, et al. 2021 American College of Rheumatology Guideline for the Treatment of Rheumatoid Arthritis. *Arthritis Rheumatol*. 2021 Jul;73(7):1108-1123. doi: 10.1002/art.41752. Epub 2021 Jun 8. PMID: 34101376.

Policy History/Revision Information

| Date | Summary of Changes |
|------------|---|
| 07/01/2024 | <p>Coverage Rationale Cytokine Release Syndrome</p> <ul style="list-style-type: none"> • Revised coverage criteria for initial therapy; replaced criterion allowing coverage when “the patient has received treatment with Blincyto (blinatumomab)” with “the patient has received treatment with <i>CD3-directed therapy</i> [e.g., Blincyto (blinatumomab), <i>Tecvayli (teclistamab)</i>]” <p>Supporting Information</p> <ul style="list-style-type: none"> • Archived previous policy version 2024D0043U |

Instructions for Use

This Medical Benefit Drug Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Benefit Drug Policy is provided for informational purposes. It does not constitute medical advice.

This Medical Benefit Drug Policy may also be applied to Medicare Advantage plans in certain instances. In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. UnitedHealthcare Medical Benefit Drug Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.