Highmark Commercial Medical Policy-PA/WV/DE/NY

Medical Policy:	I-31-0289
Topic (or Title):	Tocilizumab (Actemra) and Tocilizumab Biosimilars
Section:	Injections
Effective Date:	~~October 1, 2025~~ March 1, 2026
Issued Date:	~~October 1, 2025~~ March 1, 2026
Last Revision Date:	~~September 2025~~ November 2025
Annual Review:	~~September 2025~~ November 2025

Tocilizumab (Actemra®), tocilizumab-bavi (Tofidence™), tocilizumab-anoh (Avtozma®), and tocilizumab-aazg (Tyenne®) are recombinant humanized anti-human interleukin 6 (IL-6) receptor monoclonal antibodies that work to inhibit IL-6 mediated actions at soluble and membrane bound IL-6 receptors. Inhibiting the signaling pathway can lead to inhibition of activated T- and B-cells, lymphocytes, monocytes, and fibroblasts.

Policy Position

Tocilizumab (Actemra) for Intravenous (IV) Use

Tocilizumab (Actemra) IV injection may be considered medically necessary when an individual meets the criteria for **ANY ONE** of the following:

- **Cytokine Release Syndrome (CRS)**:
  - The individual is two (2) years of age and older with severe or life threatening CRS induced by chimeric antigen receptor T-cell (CAR-T) therapy; **and**
  - The medication is prescribed by or in consultation with a specialist with experience in treating CRS; **or**
- **Giant Cell Arteritis (GCA)**:
  - The individual is 18 years of age and older for the treatment of GCA; **and**
  - Treatment with at least one (1) systemic corticosteroid (e.g., prednisone) was ineffective or not tolerated, or all corticosteroids are contraindicated; **and**
  - The medication is prescribed by or in consultation with a rheumatologist; **and**
  - Initial authorization will be for up to 12 months; **or**
- **Management of Immunotherapy-Related Toxicities:**
  - For management of CAR-T related toxicities such as:
    - G2-4 CRS; **or**
    - G1-4 neurotoxicity as additional single-dose therapy if concurrent CRS; **or**
    - Prolonged (greater than 3 days) G1 CRS in individuals with significant symptoms, comorbidities, and/ or in elderly patients; **or**
    - CRS symptoms that persist >24 hours in patients who have been treated with axicabtagene ciloleucel or brexucabtagene autoleucel; **or**
    - G1 CRS that develops <72 hours after infusion in patients who have been treated with lisocabtagene maraleucel; **or**
  - For additional therapy for management of the following immune checkpoint inhibitor-related toxicities:
    - G2 elevated alanine transaminase/aspartate transaminase (ALT/AST) if liver enzymes suggest worsening or no improvement after 3-7 days of prednisone; **or**
    - G3 or G4 elevated ALT/AST if no improvement after 1-2 days of prednisone/methylprednisolone; **or**

        - G2 elevated alkaline phosphatase (predominant) with or without bilirubin/AST/ALT elevations if alkaline phosphatase worsens or does not improve within 3 days after initiating corticosteroids; **or**
        - G3 or G4 elevated alkaline phosphatase (predominant) with or without bilirubin/AST/ALT elevations if no improvement after 1-2 days of prednisone/methylprednisolone; **or**
        - Hemophagocytic lymphohistiocytosis (HLH)-like syndrome if no response to corticosteroids after 5 days; **or**
        - Moderate or severe inflammatory arthritis if unable to taper corticosteroids after 1 week; **or**
        - Moderate (G2) pneumonitis if no improvement after 48-72 hours of corticosteroids; **or**
        - Severe (G3-4) pneumonitis if no improvement after 48 hours of methylprednisolone; **and**
    - The medication is prescribed by or in consultation with a specialist with experience in treating immunotherapy-related toxicities; **or**
- **Juvenile Idiopathic Arthritis, Polyarticular (PJIA)**:
    - The individual is two (2) years of age and older with active PJIA; **and**
    - Treatment with at least one (1) disease modifying anti-rheumatic drug (DMARD) (e.g. methotrexate, leflunomide, sulfasalazine) was ineffective or not tolerated, or all non-biologic DMARDs are contraindicated; **or**
    - The individual requires initial biologic therapy due to involvement of high-risk joints (e.g., cervical spine, wrist, or hip), high disease activity, and/or those judged by their provider to be at high risk of disabling joint damage; **and**
    - The medication is prescribed by or in consultation with a rheumatologist; **and**
    - Initial authorization will be for up to 12 months; **or**
- **Juvenile Idiopathic Arthritis, Systemic (SJIA)**:
    - For individuals two (2) years of age and older with active SJIA; **and**
    - The medication is prescribed by or in consultation with a rheumatologist; **and**
    - Initial authorization will be for up to 12 months; **or**
- **Rheumatoid Arthritis (RA)**:
    - The individual is 18 years of age and older with moderately to severely active RA; **and**
    - Treatment with at least one (1) non-biologic DMARD (e.g. methotrexate, leflunomide, sulfasalazine) was ineffective or not tolerated, or all non-biologic DMARDs are contraindicated; **and**
    - The medication is prescribed by or in consultation with a rheumatologist; **and**
    - Initial authorization will be for up to 12 months.

The use of tocilizumab (Actemra) for the treatment of CRS and immunotherapy-related toxicities exceeding four (4) treatment courses per six (6) month period may be considered experimental/investigational, and therefore, non-covered.

Reauthorization Criteria (for non-oncologic indications)

Continuation of therapy with tocilizumab (Actemra) for may be considered medically necessary when the following criteria are met:

- The individual has one of the above diagnoses; **and**
- Provider attestation that individual has demonstrated a disease stability or beneficial response to therapy; **and**
- Reauthorization valid for up to 12 months.

The use of tocilizumab (Actemra IV) not meeting the criteria as indicated in this policy is considered not medically necessary.

Procedure Codes

J3262

Tocilizumab (Actemra) for Subcutaneous (SC) Use

Tocilizumab (Actemra) SC injection may be considered medically necessary when an individual meets the criteria for **ANY ONE** of the following indications:

- **Giant Cell Arteritis (GCA)**:
  - The individual is 18 years of age and older for the treatment of GCA; **and**
  - Treatment with at least one (1) systemic corticosteroid (e.g., prednisone) was ineffective or not tolerated, or all corticosteroids are contraindicated; **and**
  - The medication is prescribed by or in consultation with a rheumatologist; **and**
  - Initial authorization will be for up to 12 months; **or**
- **Juvenile Idiopathic Arthritis, Polyarticular (PJIA)**:
  - The individual is two (2) years of age and older with active PJIA; **and**
  - **ONE** of the following criteria is met:
    - Treatment with at least one (1) non-biologic DMARD was ineffective or not tolerated, or all non-biologic DMARDs are contraindicated; **or**
    - The individual requires initial biologic therapy due to involvement of high-risk joints (e.g., cervical spine, wrist, or hip), high disease activity, and/or those judged by their physician to be at high risk of disabling joint damage; **and**
  - The medication is prescribed by or in consultation with a rheumatologist; **and**
  - Initial authorization will be for up to 12 months; **or**
- **Systemic Juvenile Idiopathic Arthritis (SJIA)**:
  - The individual is two (2) years of age and older with active SJIA; **and**
  - The medication is prescribed by or in consultation with a rheumatologist; **and**
  - Initial authorization will be for up to 12 months; **or**
- **Rheumatoid Arthritis (RA)**:
  - The individual is 18 years of age and older with moderately to severely active RA; **and**
  - Treatment with at least one (1) non-biologic DMARD was ineffective or not tolerated, or all non-biologic DMARDs are contraindicated; **and**
  - The medication is prescribed by or in consultation with a rheumatologist; **and**
  - Initial authorization will be for up to 12 months; **or**
- **Systemic Sclerosis-Associated Interstitial Lung Disease (SSc-ILD)**
  - The individual is 18 years of age or older with a diagnosis of SSc-ILD confirmed by high-resolution computed tomography; **and**
  - Tocilizumab (Actemra) is being prescribed by or in consultation with a pulmonologist or rheumatologist; **and**
  - The member has elevated acute phase reactants, defined as at least one (1) of the
  - following criteria:
    - C-reactive protein (CRP) ≥ 6 mg/mL; **or**
    - Erythrocyte sedimentation rate (ESR) ≥ 28 mm/h; **or**
    - Platelet count ≥ 330 x 109 /L; **and**
  - The member's forced vital capacity (FVC) is > 55% of the predicted value; **and**
  - Initial authorization will be for up to 12 months.

Reauthorization Criteria

Continuation of therapy with tocilizumab (Actemra) for may be considered medically necessary when the following criteria are met:

- The individual has one of the above diagnoses; **and**

- Provider attestation that individual has demonstrated a disease stability or beneficial response to therapy; **and**
- Reauthorization valid for up to 12 months.

The use of tocilizumab (Actemra SC) not meeting the criteria as indicated in this policy is considered not medically necessary.

Procedure Codes

J3262

Tocilizumab-bavi (Tofidence)

Tocilizumab-bavi (Tofidence) may be considered medically necessary when an individual meets the criteria for **ANY ONE** of the following:

- **Giant Cell Arteritis (GCA)**
  - The individual is 18 years of age and older for the treatment of GCA; **and**
  - Treatment with at least one (1) systemic corticosteroid (e.g., prednisone) was ineffective or not tolerated, or all corticosteroids are contraindicated; **and**
  - The medication is prescribed by or in consultation with a rheumatologist; **and**
  - Initial authorization will be for up to 12 months; **or**

- **Juvenile Idiopathic Arthritis, Polyarticular (PJIA)**:
  - The individual is two (2) years of age and older with PJIA; **and**
  - **ONE** of the following criteria is met:
    - Treatment with at least one (1) non-biologic DMARD was ineffective or not tolerated, or all non-biologic DMARDs are contraindicated; **or**
    - The individual requires initial biologic therapy due to involvement of high-risk joints (e.g., cervical spine, wrist, or hip), high disease activity, and/or those judged by their physician to be at high risk of disabling joint damage; **and**
  - The medication is prescribed by or in consultation with a rheumatologist; **and**
  - Initial authorization will be for up to 12 months; **or**
- **Systemic Juvenile Idiopathic Arthritis (SJIA)**:
  - The individual is two (2) years of age and older with active SJIA; **and**
  - The medication is prescribed by or in consultation with a rheumatologist; **and**
  - Initial authorization will be for up to 12 months; **or**
- **Rheumatoid Arthritis (RA)**:
  - The individual is 18 years of age and older with moderately to severely active RA; **and**
  - Treatment with at least one (1) non-biologic DMARD was ineffective or not tolerated, or all non-biologic DMARDs are contraindicated; **and**
  - The medication is prescribed by or in consultation with a rheumatologist; **and**
  - Initial authorization will be for up to 12 months.

Reauthorization Criteria

Continuation of therapy with tocilizumab-bavi (Tofidence) for may be considered medically necessary when the following criteria are met:

- The individual has one of the above diagnoses; **and**
- Provider attestation that individual has demonstrated a disease stability or beneficial response to therapy; **and**
- Reauthorization valid for up to 12 months.

The use of tocilizumab-bavi (Tofidence) not meeting the criteria as indicated in this policy is considered not medically necessary.

Procedure Codes

Q5133

Tocilizumab-aazg (Tyenne) and Tocilizumab-anoh (Avtozma)

Tocilizumab-aazg (Tyenne) or tocilizumab-anoh (Avtozma) may be considered medically necessary when an individual meets the criteria for **ANY ONE** of the following:

- **Cytokine Release Syndrome (CRS)**:
  - The individual is two (2) years of age and older with severe or life threatening CRS induced by chimeric antigen receptor T-cell (CAR-T) therapy; **and**
  - The medication is prescribed by or in consultation with a specialist with experience in treating CRS; **or**

- **Giant Cell Arteritis (GCA)**
  - The individual is 18 years of age and older for the treatment of GCA; **and**
  - Treatment with at least one (1) systemic corticosteroid (e.g., prednisone) was ineffective or not tolerated, or all corticosteroids are contraindicated; **and**
  - The medication is prescribed by or in consultation with a rheumatologist; **and**
  - Initial authorization will be for up to 12 months; **or**
- **Juvenile Idiopathic Arthritis, Polyarticular (PJIA)**:
  - The individual is two (2) years of age and older with PJIA; **and**
  - **ONE** of the following criteria is met:
    - Treatment with at least one (1) non-biologic DMARD was ineffective or not tolerated, or all non-biologic DMARDs are contraindicated; **or**
    - The individual requires initial biologic therapy due to involvement of high-risk joints (e.g., cervical spine, wrist, or hip), high disease activity, and/or those judged by their physician to be at high risk of disabling joint damage; **and**
  - The medication is prescribed by or in consultation with a rheumatologist; **and**
  - Initial authorization will be for up to 12 months; **or**
- **Systemic Juvenile Idiopathic Arthritis (SJIA)**:
  - The individual is two (2) years of age and older with active SJIA; **and**
  - The medication is prescribed by or in consultation with a rheumatologist; **and**
  - Initial authorization will be for up to 12 months; **or**
- **Rheumatoid Arthritis (RA)**:
  - The individual is 18 years of age and older with moderately to severely active RA; **and**
  - **(MISSING IN AEM)** Treatment with at least one (1) non-biologic DMARD was ineffective or not tolerated, or all non-biologic DMARDs are contraindicated; **and**
  - The medication is prescribed by or in consultation with a rheumatologist; **and**
  - Initial authorization will be for up to 12 months.

Reauthorization Criteria

Continuation of therapy with tocilizumab-aazg (Tyenne) or tocilizumab-anoh (Avtozma) may be considered medically necessary when the following criteria are met:

- The individual has one of the above diagnoses; **and**
- Provider attestation that individual has demonstrated a disease stability or beneficial response to therapy; **and**

- Reauthorization valid for up to 12 months.

The use of tocilizumab-aazg (Tyenne) or tocilizumab-anoh (Avtozma) not meeting the criteria as indicated in this policy is considered not medically necessary.

Procedure Codes

Q5135	Q5156	

Tocilizumab (Actemra), tocilizumab-bavi (Tofidence), tocilizumab-anoh (Avtozma) and Tocilizumab-aazg (Tyenne) is considered medically necessary for individuals 18 years of age and older when applicable clinical criteria for individual medication policies are met and when administered in a Lower Level of Care.

The Highest Level of Care Site may be considered medically necessary if the following criteria are present to indicate the member is medically unstable for infusions in settings other than a Highest Level of Care Site:

- Member's home is considered unsuitable for care by the home infusion provider; **or**
- Member is physically impaired and/or cognitively impaired **AND** a home caregiver is not available to comply with the required treatment regimen and schedule; **and**
- Member requires higher level of care not feasible in the Lower Level of Care Sites, as indicated by **ANY** of the following:
    - Individual's medical status on their current care regimen requires enhanced monitoring beyond that which would routinely be needed for infusion therapy; **or**
    - Previous severe adverse reaction (including but not limited to anaphylaxis, seizure, thromboembolism, myocardial infarction, renal failure) during or following administration of prescribed medication despite standard pre-medication; **or**
    - Individual is receiving other medications that require close monitoring with a higher level of care (*e.g.*, cytotoxic chemotherapy or blood products); **or**
    - Individual is at high risk for complications due to medication administration (*e.g.*, at risk for post-transplant complications, increased risk of infusion reactions due to presence of circulating antibodies, unstable vascular access, cardiopulmonary condition at risk for severe adverse reactions, unstable renal function with inability to safely tolerate IV volume loads, etc.); **or**
    - Individual is initiating therapy or re-initiating therapy after a period of at least 6 months with no therapy.

Home health services may be considered medically necessary when utilized for the administration of home infusion therapy and when provided by licensed eligible provider. Each case will be addressed on an individual basis.

The medications identified in this policy will be considered not medically necessary if administered in an unapproved Highest Level of Care Site when an approved Highest Level of Care Site or Lowest Level of Care Site is a viable option for treatment.

Procedure Codes

J3262	Q5133	Q5135	Q5156

Note: If an individual has already had a trial of at least one biologic agent, they are not required to "step back" and try a non-biologic agent.

NOTE: In addition to the above criteria, product specific dosage and/or frequency limits may apply in accordance with the U.S. Food and Drug Administration (FDA)-approved product prescribing information,

national compendia, Centers for Medicare and Medicaid Services (CMS) and other peer reviewed resources or evidence-based guidelines. Highmark may deny, in full or in part, reimbursement for utilization that does not fall within the applicable dosage and/or frequency limits.

NOTE: A biosimilar is a biological product that is highly similar to and has no clinically meaningful differences in safety, purity and effectiveness from the reference product.

Related Policies

See pharmacy policy J-558 Chronic Inflammatory Diseases for additional information.

Refer to medical policy I-151 Site of Care for more information.

Refer to medical policy I-6 Approved Drugs and Biologicals for more information.

Diagnosis Codes
Covered Diagnosis Codes for Procedure Code J3262

D76.1	D89.831	D89.832	D89.833	D89.834	D89.835	D89.839
G92.01	G92.02	G92.03	G92.04	G92.05	J70.2	K71.0
K71.10	K71.11	K71.50	K71.51	M05.00	M05.011	M05.012
M05.019	M05.021	M05.022	M05.029	M05.031	M05.032	M05.039
M05.041	M05.042	M05.049	M05.051	M05.052	M05.059	M05.061
M05.062	M05.069	M05.071	M05.072	M05.079	M05.09	M05.111
M05.112	M05.121	M05.122	M05.131	M05.132	M05.141	M05.142
M05.151	M05.152	M05.161	M05.162	M05.171	M05.172	M05.19
M05.20	M05.211	M05.212	M05.219	M05.221	M05.222	M05.229
M05.231	M05.232	M05.239	M05.241	M05.242	M05.249	M05.251
M05.252	M05.259	M05.261	M05.262	M05.269	M05.271	M05.272
M05.279	M05.29	M05.30	M05.311	M05.312	M05.319	M05.321
M05.322	M05.329	M05.331	M05.332	M05.339	M05.341	M05.342
M05.349	M05.351	M05.352	M05.359	M05.361	M05.362	M05.369
M05.371	M05.372	M05.379	M05.39	M05.40	M05.411	M05.412
M05.419	M05.421	M05.422	M05.429	M05.431	M05.432	M05.439
M05.441	M05.442	M05.449	M05.451	M05.452	M05.459	M05.461
M05.462	M05.469	M05.471	M05.472	M05.479	M05.49	M05.50
M05.511	M05.512	M05.519	M05.521	M05.522	M05.529	M05.531
M05.532	M05.539	M05.541	M05.542	M05.549	M05.551	M05.552
M05.559	M05.561	M05.562	M05.569	M05.571	M05.572	M05.579
M05.59	M05.60	M05.611	M05.612	M05.619	M05.621	M05.622
M05.629	M05.631	M05.632	M05.639	M05.641	M05.642	M05.649
M05.651	M05.652	M05.659	M05.661	M05.662	M05.669	M05.671

M05.672	M05.679	M05.69	M05.70	M05.711	M05.712	M05.719
M05.721	M05.722	M05.729	M05.731	M05.732	M05.739	M05.741
M05.742	M05.749	M05.751	M05.752	M05.759	M05.761	M05.762
M05.769	M05.771	M05.772	M05.779	M05.79	M05.7A	M05.80
M05.811	M05.812	M05.819	M05.821	M05.822	M05.829	M05.831
M05.832	M05.839	M05.841	M05.842	M05.849	M05.851	M05.852
M05.859	M05.861	M05.862	M05.869	M05.871	M05.872	M05.879
M05.89	M05.8A	M05.9	M05.A	M06.00	M06.011	M06.012
M06.019	M06.021	M06.022	M06.029	M06.031	M06.032	M06.039
M06.041	M06.042	M06.049	M06.051	M06.052	M06.059	M06.061
M06.062	M06.069	M06.071	M06.072	M06.079	M06.08	M06.09
M06.0A	M06.1	M06.20	M06.211	M06.212	M06.219	M06.221
M06.222	M06.229	M06.231	M06.232	M06.239	M06.241	M06.242
M06.249	M06.251	M06.252	M06.259	M06.261	M06.262	M06.269
M06.271	M06.272	M06.279	M06.28	M06.29	M06.30	M06.311
M06.312	M06.319	M06.321	M06.322	M06.329	M06.331	M06.332
M06.339	M06.341	M06.342	M06.349	M06.351	M06.352	M06.359
M06.361	M06.362	M06.369	M06.371	M06.372	M06.379	M06.38
M06.39	M06.4	M06.80	M06.811	M06.812	M06.819	M06.821
M06.822	M06.829	M06.831	M06.832	M06.839	M06.841	M06.842
M06.849	M06.851	M06.852	M06.859	M06.861	M06.862	M06.869
M06.871	M06.872	M06.879	M06.88	M06.89	M06.8A	M06.9
M08.00	M08.011	M08.012	M08.019	M08.021	M08.022	M08.029
M08.031	M08.032	M08.039	M08.041	M08.042	M08.049	M08.051
M08.052	M08.059	M08.061	M08.062	M08.069	M08.071	M08.072
M08.079	M08.08	M08.09	M08.0A	M08.20	M08.211	M08.212
M08.219	M08.221	M08.222	M08.229	M08.231	M08.232	M08.239
M08.241	M08.242	M08.249	M08.251	M08.252	M08.259	M08.261
M08.262	M08.269	M08.271	M08.272	M08.279	M08.28	M08.29
M08.2A	M08.3	M08.40	M08.411	M08.412	M08.419	M08.421
M08.422	M08.429	M08.431	M08.432	M08.439	M08.441	M08.442
M08.449	M08.451	M08.452	M08.459	M08.461	M08.462	M08.469
M08.471	M08.472	M08.479	M08.48	M08.4A	M08.80	M08.811
M08.812	M08.819	M08.821	M08.822	M08.829	M08.831	M08.832
M08.839	M08.841	M08.842	M08.849	M08.851	M08.852	M08.859
M08.861	M08.862	M08.869	M08.871	M08.872	M08.879	M08.88
M08.89	M08.90	M08.911	M08.912	M08.919	M08.921	M08.922

M08.929	M08.931	M08.932	M08.939	M08.941	M08.942	M08.949
M08.951	M08.952	M08.959	M08.961	M08.962	M08.969	M08.971
M08.972	M08.979	M08.98	M08.99	M08.9A	M31.5	M31.6
M34.81	M35.3	R65.10	R65.11	T45.1X5A	T45.1X5D	T45.1X5S
T80.90XA	T80.90XD	T80.90XS				

Covered Diagnosis Codes for Procedure Code Q5133

M05.00	M05.011	M05.012	M05.019	M05.021	M05.022	M05.029
M05.031	M05.032	M05.039	M05.041	M05.042	M05.049	M05.051
M05.052	M05.059	M05.061	M05.062	M05.069	M05.071	M05.072
M05.079	M05.09	M05.111	M05.112	M05.121	M05.122	M05.131
M05.132	M05.141	M05.142	M05.151	M05.152	M05.161	M05.162
M05.171	M05.172	M05.19	M05.20	M05.211	M05.212	M05.219
M05.221	M05.222	M05.229	M05.231	M05.232	M05.239	M05.241
M05.242	M05.249	M05.251	M05.252	M05.259	M05.261	M05.262
M05.269	M05.271	M05.272	M05.279	M05.29	M05.30	M05.311
M05.312	M05.319	M05.321	M05.322	M05.329	M05.331	M05.332
M05.339	M05.341	M05.342	M05.349	M05.351	M05.352	M05.359
M05.361	M05.362	M05.369	M05.371	M05.372	M05.379	M05.39
M05.40	M05.411	M05.412	M05.419	M05.421	M05.422	M05.429
M05.431	M05.432	M05.439	M05.441	M05.442	M05.449	M05.451
M05.452	M05.459	M05.461	M05.462	M05.469	M05.471	M05.472
M05.479	M05.49	M05.50	M05.511	M05.512	M05.519	M05.521
M05.522	M05.529	M05.531	M05.532	M05.539	M05.541	M05.542
M05.549	M05.551	M05.552	M05.559	M05.561	M05.562	M05.569
M05.571	M05.572	M05.579	M05.59	M05.60	M05.611	M05.612
M05.619	M05.621	M05.622	M05.629	M05.631	M05.632	M05.639
M05.641	M05.642	M05.649	M05.651	M05.652	M05.659	M05.661
M05.662	M05.669	M05.671	M05.672	M05.679	M05.69	M05.70
M05.711	M05.712	M05.719	M05.721	M05.722	M05.729	M05.731
M05.732	M05.739	M05.741	M05.742	M05.749	M05.751	M05.752
M05.759	M05.761	M05.762	M05.769	M05.771	M05.772	M05.779
M05.79	M05.7A	M05.80	M05.811	M05.812	M05.819	M05.821
M05.822	M05.829	M05.831	M05.832	M05.839	M05.841	M05.842
M05.849	M05.851	M05.852	M05.859	M05.861	M05.862	M05.869
M05.871	M05.872	M05.879	M05.89	M05.8A	M05.9	M05.A

M06.00	M06.011	M06.012	M06.019	M06.021	M06.022	M06.029
M06.031	M06.032	M06.039	M06.041	M06.042	M06.049	M06.051
M06.052	M06.059	M06.061	M06.062	M06.069	M06.071	M06.072
M06.079	M06.08	M06.09	M06.0A	M06.1	M06.20	M06.211
M06.212	M06.219	M06.221	M06.222	M06.229	M06.231	M06.232
M06.239	M06.241	M06.242	M06.249	M06.251	M06.252	M06.259
M06.261	M06.262	M06.269	M06.271	M06.272	M06.279	M06.28
M06.29	M06.30	M06.311	M06.312	M06.319	M06.321	M06.322
M06.329	M06.331	M06.332	M06.339	M06.341	M06.342	M06.349
M06.351	M06.352	M06.359	M06.361	M06.362	M06.369	M06.371
M06.372	M06.379	M06.38	M06.39	M06.4	M06.80	M06.811
M06.812	M06.819	M06.821	M06.822	M06.829	M06.831	M06.832
M06.839	M06.841	M06.842	M06.849	M06.851	M06.852	M06.859
M06.861	M06.862	M06.869	M06.871	M06.872	M06.879	M06.88
M06.89	M06.8A	M06.9	M08.00	M08.011	M08.012	M08.019
M08.021	M08.022	M08.029	M08.031	M08.032	M08.039	M08.041
M08.042	M08.049	M08.051	M08.052	M08.059	M08.061	M08.062
M08.069	M08.071	M08.072	M08.079	M08.08	M08.09	M08.0A
M08.20	M08.211	M08.212	M08.219	M08.221	M08.222	M08.229
M08.231	M08.232	M08.239	M08.241	M08.242	M08.249	M08.251
M08.252	M08.259	M08.261	M08.262	M08.269	M08.271	M08.272
M08.279	M08.28	M08.29	M08.2A	M08.3	M08.40	M08.411
M08.412	M08.419	M08.421	M08.422	M08.429	M08.431	M08.432
M08.439	M08.441	M08.442	M08.449	M08.451	M08.452	M08.459
M08.461	M08.462	M08.469	M08.471	M08.472	M08.479	M08.48
M08.4A	M08.80	M08.811	M08.812	M08.819	M08.821	M08.822
M08.829	M08.831	M08.832	M08.839	M08.841	M08.842	M08.849
M08.851	M08.852	M08.859	M08.861	M08.862	M08.869	M08.871
M08.872	M08.879	M08.88	M08.89	M08.90	M08.911	M08.912
M08.919	M08.921	M08.922	M08.929	M08.931	M08.932	M08.939
M08.941	M08.942	M08.949	M08.951	M08.952	M08.959	M08.961
M08.962	M08.969	M08.971	M08.972	M08.979	M08.98	M08.99
M08.9A	M31.5	M31.6				

Covered Diagnosis Codes for Procedure Codes Q5135 and Q5156

D89.831	D89.832	D89.833	D89.834	D89.835	D89.839	M05.00
M05.011	M05.012	M05.019	M05.021	M05.022	M05.029	M05.031

M05.032	M05.039	M05.041	M05.042	M05.049	M05.051	M05.052
M05.059	M05.061	M05.062	M05.069	M05.071	M05.072	M05.079
M05.09	M05.111	M05.112	M05.121	M05.122	M05.131	M05.132
M05.141	M05.142	M05.151	M05.152	M05.161	M05.162	M05.171
M05.172	M05.19	M05.20	M05.211	M05.212	M05.219	M05.221
M05.222	M05.229	M05.231	M05.232	M05.239	M05.241	M05.242
M05.249	M05.251	M05.252	M05.259	M05.261	M05.262	M05.269
M05.271	M05.272	M05.279	M05.29	M05.30	M05.311	M05.312
M05.319	M05.321	M05.322	M05.329	M05.331	M05.332	M05.339
M05.341	M05.342	M05.349	M05.351	M05.352	M05.359	M05.361
M05.362	M05.369	M05.371	M05.372	M05.379	M05.39	M05.40
M05.411	M05.412	M05.419	M05.421	M05.422	M05.429	M05.431
M05.432	M05.439	M05.441	M05.442	M05.449	M05.451	M05.452
M05.459	M05.461	M05.462	M05.469	M05.471	M05.472	M05.479
M05.49	M05.50	M05.511	M05.512	M05.519	M05.521	M05.522
M05.529	M05.531	M05.532	M05.539	M05.541	M05.542	M05.549
M05.551	M05.552	M05.559	M05.561	M05.562	M05.569	M05.571
M05.572	M05.579	M05.59	M05.60	M05.611	M05.612	M05.619
M05.621	M05.622	M05.629	M05.631	M05.632	M05.639	M05.641
M05.642	M05.649	M05.651	M05.652	M05.659	M05.661	M05.662
M05.669	M05.671	M05.672	M05.679	M05.69	M05.70	M05.711
M05.712	M05.719	M05.721	M05.722	M05.729	M05.731	M05.732
M05.739	M05.741	M05.742	M05.749	M05.751	M05.752	M05.759
M05.761	M05.762	M05.769	M05.771	M05.772	M05.779	M05.79
M05.7A	M05.80	M05.811	M05.812	M05.819	M05.821	M05.822
M05.829	M05.831	M05.832	M05.839	M05.841	M05.842	M05.849
M05.851	M05.852	M05.859	M05.861	M05.862	M05.869	M05.871
M05.872	M05.879	M05.89	M05.8A	M05.9	M05.A	M06.00
M06.011	M06.012	M06.019	M06.021	M06.022	M06.029	M06.031
M06.032	M06.039	M06.041	M06.042	M06.049	M06.051	M06.052
M06.059	M06.061	M06.062	M06.069	M06.071	M06.072	M06.079
M06.08	M06.09	M06.0A	M06.1	M06.20	M06.211	M06.212
M06.219	M06.221	M06.222	M06.229	M06.231	M06.232	M06.239
M06.241	M06.242	M06.249	M06.251	M06.252	M06.259	M06.261
M06.262	M06.269	M06.271	M06.272	M06.279	M06.28	M06.29
M06.30	M06.311	M06.312	M06.319	M06.321	M06.322	M06.329
M06.331	M06.332	M06.339	M06.341	M06.342	M06.349	M06.351

M06.352	M06.359	M06.361	M06.362	M06.369	M06.371	M06.372
M06.379	M06.38	M06.39	M06.4	M06.80	M06.811	M06.812
M06.819	M06.821	M06.822	M06.829	M06.831	M06.832	M06.839
M06.841	M06.842	M06.849	M06.851	M06.852	M06.859	M06.861
M06.862	M06.869	M06.871	M06.872	M06.879	M06.88	M06.89
M06.8A	M06.9	M08.00	M08.011	M08.012	M08.019	M08.021
M08.022	M08.029	M08.031	M08.032	M08.039	M08.041	M08.042
M08.049	M08.051	M08.052	M08.059	M08.061	M08.062	M08.069
M08.071	M08.072	M08.079	M08.08	M08.09	M08.0A	M08.20
M08.211	M08.212	M08.219	M08.221	M08.222	M08.229	M08.231
M08.232	M08.239	M08.241	M08.242	M08.249	M08.251	M08.252
M08.259	M08.261	M08.262	M08.269	M08.271	M08.272	M08.279
M08.28	M08.29	M08.2A	M08.3	M08.40	M08.411	M08.412
M08.419	M08.421	M08.422	M08.429	M08.431	M08.432	M08.439
M08.441	M08.442	M08.449	M08.451	M08.452	M08.459	M08.461
M08.462	M08.469	M08.471	M08.472	M08.479	M08.48	M08.4A
M08.80	M08.811	M08.812	M08.819	M08.821	M08.822	M08.829
M08.831	M08.832	M08.839	M08.841	M08.842	M08.849	M08.851
M08.852	M08.859	M08.861	M08.862	M08.869	M08.871	M08.872
M08.879	M08.88	M08.89	M08.90	M08.911	M08.912	M08.919
M08.921	M08.922	M08.929	M08.931	M08.932	M08.939	M08.941
M08.942	M08.949	M08.951	M08.952	M08.959	M08.961	M08.962
M08.969	M08.971	M08.972	M08.979	M08.98	M08.99	M08.9A
M31.5	M31.6					

Place of Service: Outpatient- Infusion

Evidence-based guidelines support the administration of injectable medications in alternative sites of care such as the non-hospital physician's office, non-hospital infusion center or in the home. Administration of the injectable medications subject to this policy at alternate sites of care is based upon the professional judgment of the provider, and takes into account the clinical appropriateness for each individual member. Requests for administration of any dose of the drugs listed in this policy received from a hospital-based facility, physician's office or specialized infusion center will be assessed for meeting the policy exception criteria based on the clinical documentation provided by the requesting practitioner.

The policy position applies to all commercial lines of business

Links

04/2024, Tocilizumab-bavi (Tofidence) added to Site of Care

02/2025 Tocilizumab-aazg (Tyenne) added to Site of Care

09/2025 Coverage Criteria Established for Tocilizumab-anoh (Avtozma)

11/2025 Tocilizumab-anoh (Avtozma) added to Site of Care

- Link to References

This policy is designed to address medical guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical or other circumstances may warrant individual consideration, based on review of applicable medical records, as well as other regulatory, contractual and/or legal requirements.

Medical policies do not constitute medical advice, nor are they intended to govern the practice of medicine. They are intended to reflect Highmark's reimbursement and coverage guidelines. Coverage for services may vary for individual members, based on the terms of the benefit contract, and subject to the applicable laws of your state.

Highmark retains the right to review and update its medical policy guidelines at its sole discretion. These guidelines are the proprietary information of Highmark. Any sale, copying or dissemination of the medical policies is prohibited; however, limited copying of medical policies is permitted for individual use.

Discrimination is Against the Law
The Claims Administrator/Insurer complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Claims Administrator/Insurer does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. The Claims Administrator/ Insurer:

- *Provides free aids and services to people with disabilities to communicate effectively with us, such as:*
  - *Qualified sign language interpreters*
  - *Written information in other formats (large print, audio, accessible electronic formats, other formats)*

- *Provides free language services to people whose primary language is not English, such as:*
  - *Qualified interpreters*
  - *Information written in other languages*

If you need these services, contact the Civil Rights Coordinator.

If you believe that the Claims Administrator/Insurer has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: CivilRightsCoordinator@highmarkhealth.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Insurance or benefit/claims administration may be provided by Highmark, Highmark Choice Company, Highmark Coverage Advantage, Highmark Health Insurance Company, First Priority Life Insurance Company, First Priority Health, Highmark Benefits Group, Highmark Select Resources, Highmark Senior Solutions Company or Highmark Senior Health Company, all of which are independent licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY: 711).

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。

请拨打您的身份证背面的号码（TTY：711）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số điện thoại ở mặt sau thẻ ID của quý vị (TTY: 711).

알림: 한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. ID 카드 뒷면에 있는 번호로 전화하십시오 (TTY: 711).

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Позвоните по номеру, указанному на обороте вашей идентификационной карты (номер для текст-телефонных устройств (TTY): 711).

تنبيه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المعاونة في اللغة المجانية متاحة لك. اتصل بالرقم الموجود خلف بطاقة هويتك (جهاز الاتصال لذوي صعوبات السمع والنطق: 711).

ATTENTION: Si c'est créole que vous connaissez, il y a un certain service de langues qui est gratis et disponible pour vous-même. Composez le numéro qui est au dos de votre carte d'identité. (TTY: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez le numéro au dos de votre carte d'identité (TTY: 711).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (TTY: 711).

ATENÇÃO: Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para o número no verso da sua identidade (TTY: 711).

ATTENZIONE: se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Contatti il numero riportato sul retro della sua carta d'identità (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie dazu die auf der Rückseite Ihres Versicherungsausweises (TTY: 711) aufgeführte Nummer an.

注：日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。ID カードの裏に明記されている番号に電話をおかけください (TTY: 711)。

توجه : اگر شما به زبان **فارسی** صحبت می کنید، خدمات کمک زبان، به صورت رایگان، در دسترس شماست. با شماره واقع در پشت کارت شناسایی خود (TTY: 711) تماس بگیرید.