



### Tocilizumab

<u>Notification:</u>	<u>Category:</u>	<u>Topic:</u>	<u>What is changing? / Change Description:</u>	<u>Why is Humana making this change? / Change Reason:</u>	<u>Language:</u>	<u>Impacted Products:</u>
<u>8635</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: tocilizumab – HCPCS code Q5133</u>	<u>For providers with a specialty of pharmacy, we apply the following limitations to reimbursement of charges for HCPCS code Q5133:</u> <ul style="list-style-type: none"><li><u>• No more than 1,000 units every 4 weeks if billed with a diagnosis of antibody-mediated organ rejection (kidney), immune checkpoint inhibitor-related toxicity (hepatitis/elevated alanine transaminase/aspartate transaminase [ALT/AST]), systemic sclerosis or thyroid eye disease</u></li><li><u>• No more than 2,000 units every 4 weeks if billed with a diagnosis of Castleman disease</u></li></ul>	<u>These limitations were established by the FDA- approved package insert and prescribing information and pharmaceutical compendia for tocilizumab and ICD-10 coding guidelines.</u>  <u>Note: The limitations described above are based on maximum dosages established in milligrams. If any units are denied, the provider may dispute the decision through the appropriate process. The provider may submit information, including medical notes showing the patient's body weight, that substantiates the medical</u>	<u>English</u>	<u>Medicaid- Louisiana</u>

				<u>necessity of the additional units.</u>		
<u>8579</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: tocilizumab – HCPCS code Q5133</u>	<p><u>For providers with a specialty of pharmacy, we apply the following limitations to reimbursement of charges for HCPCS code Q5133:</u></p> <ul style="list-style-type: none"> <li><u>• No more than 914 units every 4 weeks for patients 5–9 years old if billed with a diagnosis of systemic juvenile idiopathic arthritis</u></li> <li><u>• No more than 1,015 units every 4 weeks for patients 10 years old and older if billed with a diagnosis of polyarticular juvenile idiopathic arthritis</u></li> <li><u>• No more than 1,140 units every 4 weeks for patients 4 years old and younger if billed with a diagnosis of cytokine release syndrome (CAR-T-cell-related toxicity including neurotoxicity)</u></li> <li><u>• No more than 1,828 units every 4 weeks for patients 5–9 years old if billed with a diagnosis of cytokine release syndrome (CAR-T-cell-related toxicity including neurotoxicity) or cytokine release syndrome in acute lymphoblastic leukemia related to blinatumomab therapy</u></li> <li><u>• No more than 2,000 units every 4 weeks for patients age 10 years old and older if billed with a diagnosis of systemic juvenile idiopathic arthritis</u></li> </ul>	<p><u>These limitations were established by the FDA- approved package insert and prescribing information and pharmaceutical compendia for tocilizumab and ICD-10 coding guidelines.</u></p> <p><u>Note: The limitations described above are based on maximum dosages established in milligrams. If any units are denied, the provider may dispute the decision through the appropriate process. The provider may submit information, including medical notes showing the patient's body weight, that substantiates the medical necessity of the additional units.</u></p>	<u>English</u>	<u>Medicaid- Louisiana</u>
<u>8577</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: tocilizumab – HCPCS code Q5133</u>	<u>We limit reimbursement of charges for HCPCS Q5133 to no more than 79 units if billed with</u>	<u>These limitations were established by the FDA-</u>	<u>English</u>	<u>Medicaid- Louisiana</u>

			<p><u>modifier JW and IV infusion, CPT codes 96365, 96366, 96367, 96368, 96413 or 96417 are also present on the claim. Modifier JW is defined as drug amount discarded/not administered to any patient.</u></p>	<p><u>approved package insert and prescribing information and pharmaceutical compendia.</u></p> <p><u>Note: The limitations described above are based on maximum dosages established in milligrams. If any units are denied, the provider may dispute the decision through the appropriate process. The provider may submit information, including medical notes showing the patient's body weight, that substantiates the medical necessity of the additional units.</u></p>		
<u>8571</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: tocilizumab – HCPCS code Q5133</u>	<p><u>We do not reimburse charges for HCPCS code Q5133 if billed on the same date of service as the administration of a live vaccine.</u></p>	<p><u>These limitations were established by the FDA- approved package insert and prescribing information, pharmaceutical compendia for tocilizumab, and ICD-10 coding guidelines.</u></p>	<u>English</u>	<u>Medicaid- Louisiana</u>
<u>8569</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: tocilizumab – HCPCS code Q5133</u>	<p><u>We limit reimbursement of charges for HCPCS code Q5133 to patients 18 years old or older if billed with any of the following diagnoses:</u></p> <ul style="list-style-type: none"> <li><u>• Hematopoietic cell (aGvHD) transplantation</u></li> <li><u>• Antibody-mediated organ rejection (kidney)</u></li> <li><u>• Castleman disease</u></li> </ul>	<p><u>These limitations were established by the FDA- approved package insert and prescribing information and pharmaceutical compendia.</u></p>	<u>English</u>	<u>Medicaid- Louisiana</u>

			<ul style="list-style-type: none"><li>• <u>Giant cell arteritis</u></li><li>• <u>Immune checkpoint inhibitor-related toxicity (giant cell arteritis)</u></li><li>• <u>Immune checkpoint inhibitor-related toxicity (hepatitis/elevated alanine</u></li><li>• <u>transaminase/aspartate transaminase [ALT/AST])</u></li><li>• <u>Immune checkpoint inhibitor-related toxicity (inflammatory polyarthropathy)</u></li><li>• <u>Immune checkpoint inhibitor-related toxicity (polymyalgia rheumatica)</u></li><li>• <u>Rheumatoid arthritis</u></li><li>• <u>Systemic sclerosis</u></li><li>• <u>Thyroid eye disease</u></li></ul>			
<u>8567</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: tocilizumab – HCPCS code Q5133</u>	<p>For providers with a specialty other than home infusion therapy or pharmacy, we apply the following limitations to reimbursement of charges for HCPCS code Q5133 if billed with a diagnosis of cytokine release syndrome (CAR-T-cell related toxicity including neurotoxicity) or cytokine release syndrome in acute lymphoblastic leukemia related to blinatumomab therapy:</p> <ul style="list-style-type: none"><li>• <u>No more than 2,283 units per date of service for patients 5–9 years old</u></li></ul>	<p><u>These limitations were established by the FDA-approved package insert and prescribing information and pharmaceutical compendia.</u></p> <p><u>Note: The limitations described above are based on maximum dosages established in milligrams. If any units are denied, the provider may dispute the decision through the appropriate process. The provider may submit information, including</u></p>	<u>English</u>	<u>Medicaid- Louisiana</u>

			<ul style="list-style-type: none"> <li>• <u>No more than 3,000 units per date of service for patients 10 years old and older</u></li> </ul>	<u>medical notes showing the patient's body weight, that substantiates the medical necessity of the additional units.</u>		
<u>8555</u>	<u>HPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: tocilizumab - HPCS code Q5133</u>	<p><u>For providers with a specialty other than home infusion or pharmacy, we limit reimbursement of charges for HPCS code Q5133 to no more than 1,000 units (if billed with any of the following diagnoses):Acute graft-versus-host disease and a diagnosis of complications following hematopoietic cell transplantationAntibody-mediated organ rejectionCastleman diseaseImmune checkpoint inhibitor-related toxicity (ALT/AST)Systemic sclerosisThyroid eye disease</u></p>	<p><u>These limitations were established by the FDA-approved package insert and prescribing information and pharmaceutical compendia for tocilizumab and ICD-10 coding guidelines.</u></p> <p><u>Note: The limitations described above are based on maximum dosages established in milligrams. If any units are denied, the provider may dispute the decision through the appropriate process. The provider may submit information, including medical notes showing the patient's body weight, that substantiates the medical necessity of the additional units.</u></p>	<u>English</u>	<u>Medicaid- Louisiana</u>
<u>8630</u>	<u>HPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: injection, tocilizumab, 1 mg – HPCS code Q5133</u>	<p><u>For providers with a specialty of pharmacy, we limit reimbursement of charges for HPCS code Q5133 to no more than 2,000 units every 26 weeks if billed with a diagnosis of immune checkpoint inhibitor-related toxicity (hepatitis/elevated alanine transaminase/aspartate transaminase [ALT/AST]).</u></p>	<p><u>The above limitations are established according to the FDA-approved package insert and prescribing information and the pharmaceutical compendia.</u></p> <p><u>Note:The limitations described above are based on maximum dosages</u></p>	<u>English</u>	<u>Medicaid- Louisiana</u>

				<u>established in milligrams. If any units are denied, the provider may dispute the decision through the appropriate process. The provider may submit information, including medical notes showing the patient's body weight, that substantiates the medical necessity of the additional units.</u>		
<u>8628</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: tocilizumab – HCPCS code Q5133</u>	<u>For providers with a specialty other than pharmacy, we limit reimbursement of charges for HCPCS code Q5133 to no more than 1,000 units for patients 10 years old and older if billed with a diagnosis of polyarticular juvenile idiopathic arthritis.</u>	<p><u>The above limitations are established according to the FDA-approved package insert and prescribing information and the pharmaceutical compendia.</u></p> <p><u>Note: The limitations described above are based on maximum dosages established in milligrams. If any units are denied, the provider may dispute the decision through the appropriate process. The provider may submit information, including medical notes showing the patient's body weight, that substantiates the medical necessity of the additional units.</u></p>	<u>English</u>	<u>Medicaid- Louisiana</u>

<u>8626</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: tocilizumab – HCPCS code Q5133</u>	<u>For providers with a specialty other than pharmacy, we limit reimbursement of charges for HCPCS code Q5133 to no more than 570 units for patients 4 years old and younger if billed with a diagnosis of systemic juvenile idiopathic arthritis.</u>	<p><u>The above limitations are established according to the FDA-approved package insert and prescribing information and pharmaceutical compendia.</u></p> <p><u>Note: The limitations described above are based on maximum dosages established in milligrams. If any units are denied, the provider may dispute the decision through the appropriate process. The provider may submit information, including medical notes showing the patient’s body weight, that substantiates the medical necessity of the additional units.</u></p>	<u>English</u>	<u>Medicaid- Louisiana</u>
<u>8615</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: injection, tocilizumab, 1 mg – HCPCS code Q5133</u>	<u>For providers with a specialty of pharmacy, we limit reimbursement of charges for HCPCS code Q5133 to no more than: 1,440 units every 26 weeks for patients 4 years old and younger with a diagnosis of cytokine release syndrome (CAR-T-cell related toxicity including neurotoxicity) 1,960 units every 26 weeks for patients 4 years old and younger with a diagnosis of polyarticular juvenile idiopathic arthritis 2,240 units every 26 weeks for patients 5-9 years old with a diagnosis of cytokine release syndrome (CAR-T-cell related toxicity including neurotoxicity) or cytokine release</u>	<p><u>The above limitations are established according to the FDA-approved package insert and prescribing information and the pharmaceutical compendia.</u></p> <p><u>Note: The limitations described above are based on maximum dosages established in milligrams. If any units are denied, the provider may dispute the decision through the</u></p>	<u>English</u>	<u>Medicaid- Louisiana</u>

			<p><u>syndrome in acute lymphoblastic leukemia related to blinatumomab (J9039) therapy</u></p> <p><u>3,920 units every 26 weeks for patients ages 5-9 with a diagnosis of polyarticular juvenile idiopathic arthritis</u></p> <p><u>4,680 units every 26 weeks for patients 4 and younger with a diagnosis of systemic juvenile idiopathic arthritis</u></p>	<p><u>appropriate process. The provider may submit information, including medical notes showing the patient's body weight, that substantiates the medical necessity of the additional units.</u></p>		
<u>8613</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: injection, tocilizumab, 1 mg – HCPCS code Q5133</u>	<p><u>We limit reimbursement of charges for HCPCS code Q5133 to no more than 3,000 units every 6 weeks if the diagnosis on the claim is acute graft-versus-host disease following hematopoietic cell transplantation.</u></p>	<p><u>The above limitations are established according to the FDA-approved package insert and prescribing information and the pharmaceutical compendia.</u></p> <p><u>Note: The limitations described above are based on maximum dosages established in milligrams. If any units are denied, the provider may dispute the decision through the appropriate process. The provider may submit information, including medical notes showing the patient's body weight, that substantiates the medical necessity of the additional units.</u></p>	<u>English</u>	<u>Medicaid- Louisiana</u>
<u>8611</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: injection, tocilizumab, 1 mg – HCPCS code Q5133</u>	<p><u>We limit reimbursement of charges for HCPCS code Q5133 for patients 4 years old and younger to no more than:</u></p> <ul style="list-style-type: none"> <li><u>• 474 units every 6 weeks if billed with a diagnosis of polyarticular juvenile idiopathic arthritis</u></li> </ul>	<p><u>The above limitations are established according to the FDA-approved package insert and prescribing information and the pharmaceutical compendia.</u></p>	<u>English</u>	<u>Medicaid- Louisiana</u>



			<ul style="list-style-type: none"> <li>• <u>1,140 units every 26 weeks if billed with a diagnosis of cytokine release syndrome in acute lymphoblastic leukemia related to blinatumomab (J9039) therapy</u></li> </ul>	<p><u>Note: The limitations described above are based on maximum dosages established in milligrams. If any units are denied, the provider may dispute the decision through the appropriate process. The provider may submit information, including medical notes showing the patient's body weight, that substantiates the medical necessity of the additional units.</u></p>		
<u>8609</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: injection, tocilizumab, 1 mg – HCPCS code Q5133</u>	<p><u>We do not reimburse charges for HCPCS code Q5133 if submitted with a diagnosis of lymphomatous malignancy in remission unless an appropriate primary diagnosis code is also present.</u></p>	<p><u>According to the ICD-10-CM Manual and the FDA-approved package insert and prescribing information, a diagnosis of bone metastases or hypercalcemia of malignancy must also have a primary malignancy diagnosis code present.</u></p>	<u>English</u>	<u>Medicaid- Louisiana</u>
<u>8607</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: injection, tocilizumab, 1 mg – HCPCS code Q5133</u>	<p><u>We do not reimburse charges for HCPCS code Q5133 unless submitted with one of the following diagnoses:</u></p> <ul style="list-style-type: none"> <li>• <u>Acute graft-versus-host disease following hematopoietic cell transplantation</u></li> <li>• <u>Acute lymphoblastic leukemia</u></li> <li>• <u>Antibody-mediated organ rejection (kidney)</u></li> <li>• <u>Castleman disease</u></li> </ul>	<p><u>The limitations above are supported by the FDA-approved package insert and prescribing information and the pharmaceutical compendia.</u></p>	<u>English</u>	<u>Medicaid- Louisiana</u>

			<ul style="list-style-type: none"><li>• <u>Coronavirus Disease 2019 (COVID-19)</u></li><li>• <u>Cytokine release syndrome (CAR-T-related toxicity including neurotoxicity)</u></li><li>• <u>Cytokine release syndrome (CRS) in acute lymphoblastic leukemia related to blinatumomab therapy</u></li><li>• <u>CRS</u></li><li>• <u>Giant cell arteritis (GCA)</u></li><li>• <u>Hemophagocytic lymphohistiocytosis</u></li><li>• <u>Immune checkpoint inhibitor-related toxicity (GCA)</u></li><li>• <u>Immune checkpoint inhibitor-related toxicity (hepatitis/elevated alanine transaminase/aspartate transaminase (ALT/AST)</u></li><li>• <u>Immune checkpoint inhibitor-related toxicity (inflammatory polyarthropathy)</u></li><li>• <u>Immune checkpoint inhibitor-related toxicity (polymyalgia rheumatica)</u></li><li>• <u>Immune effector cell-associated neurotoxicity syndrome</u></li><li>• <u>Juvenile idiopathic arthritis-associated uveitis</u></li><li>• <u>Kidney transplant, chronic antibody-mediated rejection</u></li></ul>			
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			<ul style="list-style-type: none"> <li>• <u>Kidney transplant, pretransplant desensitization</u></li> <li>• <u>Neuromyelitis optica, relapse prevention</u></li> <li>• <u>Polyarticular juvenile idiopathic arthritis</u></li> <li>• <u>Rheumatoid arthritis</u></li> <li>• <u>Systemic juvenile idiopathic arthritis</u></li> <li>• <u>Systemic Sclerosis-associated interstitial lung disease</u></li> <li>• <u>Systemicscleroderma (systemic sclerosis)</u></li> <li>• <u>Thyroid eye disease (moderate to severe), active</u></li> <li>• <u>Uveitis, noninfectious</u></li> </ul>			
<u>8599</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: Tocilizumab, 1 mg – HCPCS code Q5133</u>	<p><u>For providers with a specialty other than pharmacy, we limit reimbursement of charges for HCPCS code Q5133 to no more than 2,000 units every 26 weeks if billed with a diagnosis of immune checkpoint inhibitor-related toxicity (hepatitis/elevated alanine transaminase/aspartate transaminase (ALT/AST)).</u></p>	<p><u>These limitations were established by the FDA-approved package insert and prescribing information and the pharmaceutical compendia for tocilizumab.</u></p> <p><u>Note: The limitations described above are based on maximum dosages established in milligrams. If any units are denied, the provider may dispute the decision through the appropriate process. The provider may submit</u></p>	<u>English</u>	<u>Medicaid- Louisiana</u>

				information, including medical notes showing the patient's body weight, that substantiates the medical necessity of the additional units.		
<u>8594</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: Tocilizumab, 1 mg – HCPCS code Q5133</u>	<p><u>We limit reimbursement of charges for HCPCS code Q5133 for patients 10 years old and older to no more than:</u></p> <ul style="list-style-type: none"> <li>• <u>13,000 units every 26 weeks if billed with a diagnosis of systemic juvenile idiopathic arthritis</u></li> <li>• <u>7,000 units every 26 weeks if billed with a diagnosis of polyarticular juvenile idiopathic arthritis</u></li> </ul>	<p><u>These limitations were established by the FDA- approved package insert and prescribing information and the pharmaceutical compendia for tocilizumab.</u></p> <p><u>Note: The limitations described above are based on maximum dosages established in milligrams. If any units are denied, the provider may dispute the decision through the appropriate process. The provider may submit information, including medical notes showing the patient's body weight, that substantiates the medical necessity of the additional units.</u></p>	<u>English</u>	<u>Medicaid- Louisiana</u>
<u>8583</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: Tocilizumab – HCPCS code Q5133</u>	<p><u>For providers with a specialty of pharmacy, we apply the following limitations to reimbursement of HCPCS code Q5133 for patients 4 years old and younger:</u></p> <ul style="list-style-type: none"> <li>• <u>No more than 1,280 units every 26 weeks if billed with a diagnosis of cytokine release syndrome in acute lymphoblastic leukemia</u></li> </ul>	<u>The above limitations are established according to the FDA- approved package insert and prescribing information and pharmaceutical compendia.</u>	<u>English</u>	<u>Medicaid- Louisiana</u>

			<p><u>related to blinatumomab therapy</u></p> <ul style="list-style-type: none"><li>• <u>No more than 480 units every 6 weeks if billed with a diagnosis of polyarticular juvenile idiopathic arthritis</u></li></ul>	<p><u>Note: The limitations described above are based on maximum dosages established in milligrams. If any units are denied, the provider may dispute the decision through the appropriate process. The provider may submit information, including medical notes showing the patient's body weight, that substantiates the medical necessity of the additional units.</u></p>		
<u>8581</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: tocilizumab – HCPCS code Q5133</u>	<p><u>For providers with a specialty of pharmacy, we limit reimbursement of charges for HCPCS code Q5133 to no more than 3,000 units every 6 weeks if billed with a diagnosis of acute graft-versus-host disease following hematopoietic cell transplantation.</u></p>	<p><u>The above limitations are established according to the FDA-approved package insert and prescribing information and the pharmaceutical compendia.</u></p> <p><u>Note: The limitations described above are based on maximum dosages established in milligrams. If any units are denied, the provider may dispute the decision through the appropriate process. The provider may submit information, including medical notes showing the</u></p>	<u>English</u>	<u>Medicaid- Louisiana</u>

				<u>patient's body weight, that substantiates the medical necessity of the additional units.</u>		
<u>8575</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: tocilizumab – HCPCS code Q5133</u>	<u>For providers with a specialty other than pharmacy, we limit reimbursement of charges for HCPCS code Q5133 to no more than 2,000 units every 4 weeks if billed with a diagnosis of Castleman disease.</u>	<p>The above limitations are established according to the FDA-approved package insert and prescribing information and the pharmaceutical compendia.</p> <p><u>Note: The limitations described above are based on maximum dosages established in milligrams. If any units are denied, the provider may dispute the decision through the appropriate process. The provider may submit information, including medical notes showing the patient's body weight, that substantiates the medical necessity of the additional units.</u></p>	<u>English</u>	<u>Medicaid- Louisiana</u>
<u>8573</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: tocilizumab – HCPCS code Q5133</u>	<u>For providers with a specialty other than pharmacy, we limit reimbursement of charges for HCPCS code Q5133 to no more than 2,000 units every 4 weeks for patients 10 years old</u>	<u>The above limitations are established according to the FDA-approved package insert and prescribing</u>	<u>English</u>	<u>Medicaid- Louisiana</u>

			<u>and older if billed with a diagnosis of systemic juvenile idiopathic arthritis.</u>	<u>information and the pharmaceutical compendia.</u>  <u>Note: The limitations described above are based on maximum dosages established in milligrams. If any units are denied, the provider may dispute the decision through the appropriate process. The provider may submit information, including medical notes showing the patient' body weight, that substantiates the medical necessity of the additional units.</u>		
<u>8565</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: tocilizumab – HCPCS code Q5133</u>	<u>For providers with a specialty other than pharmacy, we limit reimbursement of HCPCS code Q5133 to no more than 1,000 units every 4 weeks if billed with one of the following diagnoses:</u>  <ul style="list-style-type: none"><li>• <u>Antibody-mediated organ rejection (kidney)</u></li><li>• <u>Immune checkpoint inhibitor-related toxicity (hepatitis/elevated ALT/AST)</u></li><li>• <u>Systemic sclerosis</u></li><li>• <u>Thyroid eye disease</u></li></ul>	<u>The above limitations are established according to the FDA- approved package insert and prescribing information and the pharmaceutical compendia.</u>  <u>Note: The limitations described above are based on maximum dosages established in milligrams. If any units are denied, the provider may dispute the decision through the appropriate process. The provider may submit</u>	<u>English</u>	<u>Medicaid- Louisiana</u>

				<u>information, including medical notes showing the patient’s body weight, that substantiates the medical necessity of the additional units.</u>		
<u>8563</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: tocilizumab – HCPCS code Q5133</u>	<u>For providers with a specialty other than pharmacy, we limit reimbursement of HCPCS code Q5133 to no more than 1,000 units every 4 weeks for patients 10 years old and older if billed with a diagnosis of polyarticular juvenile idiopathic arthritis.</u>	<p><u>The above limitations are established according to the FDA- approved package insert and prescribing information and the pharmaceutical compendia.</u></p> <p><u>Note: The limitations described above are based on maximum dosages established in milligrams. If any units are denied, the provider may dispute the decision through the appropriate process. The provider may submit information, including medical notes showing the patient’s body weight, that substantiates the medical necessity of the additional units.</u></p>	<u>English</u>	<u>Medicaid- Louisiana</u>



<u>8561</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: tocilizumab – HCPCS code Q5133</u>	<u>For providers with a specialty other than pharmacy, we limit reimbursement of HCPCS code Q5133 to no more than 1016 units every 4 weeks for patients 5-9 years old if billed with a diagnosis of systemic juvenile idiopathic arthritis.</u>	<p><u>The above limitations are established according to the FDA-approved package insert and prescribing information and the pharmaceutical compendia.</u></p> <p><u>Note: The limitations described above are based on maximum dosages established in milligrams. If any units are denied, the provider may dispute the decision through the appropriate process. The provider may submit information, including medical notes showing the patient’s body weight, that substantiates the medical necessity of the additional units.</u></p>	<u>English</u>	<u>Medicaid- Louisiana</u>
<u>8559</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: tocilizumab – HCPCS code Q5133</u>	<u>For providers with a specialty other than pharmacy, we apply the following limitations to reimbursement of charges for HCPCS code Q5133 if billed with a diagnosis of a diagnosis of cytokine release syndrome in acute lymphoblastic leukemia related to blinatumomab therapy or cytokine release syndrome (CAR-T-cell related toxicity including neurotoxicity):</u>	<p><u>The above limitations are established according to the FDA- approved package insert and the prescribing information and the pharmaceutical compendia.</u></p> <p><u>Note:The limitations described above are based on maximum dosages established in milligrams. If any units are denied, the</u></p>	<u>English</u>	<u>Medicaid- Louisiana</u>

			<ul style="list-style-type: none"> <li>• <u>No more than 1,140 units every 4 weeks for patients 4 years old and younger</u></li> <li>• <u>No more than 2,032 units every 4 weeks for patients 5-9 years old</u></li> <li>• <u>No more than 3,200 units every 4 weeks for patients age 10 and older</u></li> </ul>	<u>provider may dispute the decision through the appropriate process. The provider may submit information, including medical notes showing the patient' body weight, that substantiates the medical necessity of the additional units.</u>		
<u>8557</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: tocilizumab, 1 mg – HCPCS code Q5133</u>	<p><u>For providers with a specialty other than home infusion or pharmacy, we limit reimbursement of HCPCS code Q5133 to no more than 1,000 units per date of service for patients 10 years old or older if billed with either of the following diagnoses:</u></p> <ul style="list-style-type: none"> <li>• <u>Polyarticular juvenile idiopathic arthritis</u></li> <li>• <u>Systemic juvenile idiopathic arthritis</u></li> </ul>	<p><u>These limitations were established by the FDA- approved package insert and prescribing information and pharmaceutical compendia for tocilizumab and ICD-10 coding guidelines.</u></p> <p><u>Note: The limitations described above are based on maximum dosages established in milligrams. If any units are denied, the provider may dispute the decision through the appropriate process. The provider may submit information, including medical notes showing the patient' body weight, that substantiates the medical necessity of the additional units.</u></p>	<u>English</u>	<u>Medicaid- Louisiana</u>

<u>8550</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: tocilizumab - HCPCS code Q5133</u>	<p><u>For providers with a specialty other than home infusion or pharmacy, we limit reimbursement of HCPCS code Q5133 to no more than 855 units per date of service if billed for patients 4 years old and younger who have any of the following diagnoses:</u></p> <ul style="list-style-type: none"> <li>• <u>Cytokine release syndrome in acute lymphoblastic leukemia related to blinatumomab therapy.</u></li> <li>• <u>Cytokine release syndrome (CAR-T-cell related toxicity including neurotoxicity)</u></li> </ul>	<p><u>These limitations were established by the FDA-approved package insert, prescribing information, the pharmaceutical compendia for tocilizumab and ICD-10 coding guidelines.</u></p> <p><u>Note: The limitations described above are based on maximum dosages established in milligrams. If any units are denied, the provider may dispute the decision through the appropriate process. The provider may submit information, including medical notes showing the patient's body weight, that substantiates the medical necessity of the additional units.</u></p>	<u>English</u>	<u>Medicaid- Louisiana</u>
<u>8548</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: tocilizumab – HCPCS code Q5133</u>	<p><u>For providers with a specialty other than home infusion therapy, we limit reimbursement of charges for HCPCS code Q5133 to no more than 13 administrations every 26 weeks if billed with any of the following diagnoses:Acute graft-versus-host disease following hematopoietic cell transplantationCastleman diseaseSystemic juvenile idiopathic arthritis</u></p>	<p><u>These limitations were established by the FDA-approved package insert and prescribing information and the pharmaceutical compendia for tocilizumab.</u></p>	<u>English</u>	<u>Medicaid- Louisiana</u>
<u>8546</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: tocilizumab – HCPCS code Q5133</u>	<p><u>For providers with a specialty other than home infusion therapy, we limit reimbursement of charges for HCPCS code Q5133 to no more than 7 administrations every 26 weeks if billed with any of the following diagnoses:</u></p>	<p><u>These limitations were established by the FDA-approved package insert and prescribing information and the pharmaceutical compendia for tocilizumab.</u></p>	<u>English</u>	<u>Medicaid- Louisiana</u>

			<ul style="list-style-type: none"> <li>• <u>Antibody-mediated organ rejection (kidney)</u></li> <li>• <u>Giant cell arteritis (GCA)</u></li> <li>• <u>Immune checkpoint inhibitor-related toxicity (GCA)</u></li> <li>• <u>Immune checkpoint inhibitor-related toxicity (inflammatory polyarthropathy)</u></li> <li>• <u>Immune checkpoint inhibitor-related toxicity (polymyalgia rheumatica)</u></li> <li>• <u>Polyarticular juvenile idiopathic arthritis</u></li> <li>• <u>Rheumatoid arthritis</u></li> <li>• <u>Systemic sclerosis</u></li> <li>• <u>Thyroid eye disease</u></li> </ul>			
<u>8544</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: tocilizumab – HCPCS code Q5133</u>	<p>For providers with a specialty other than home infusion therapy, we limit reimbursement of charges for HCPCS code Q5133 to no more than 4 administrations every 26 weeks if billed with a diagnosis of immune checkpoint inhibitor-related toxicity (hepatitis/elevated alanine transaminase/aspartate transaminase (ALT/AST).</p>	<p>These limitations were established by the FDA-approved package insert and prescribing information and the pharmaceutical compendia for tocilizumab.</p>	<u>English</u>	<u>Medicaid- Louisiana</u>
<u>8542</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: tocilizumab - HCPCS code Q5133</u>	<p>For providers with a specialty other than home infusion therapy, we limit reimbursement for HCPCS code Q5133 to no more than 2 administrations every 26 weeks if billed with any of the following diagnoses:</p> <ul style="list-style-type: none"> <li>• <u>Cytokine release syndrome (CAR-T-cell related toxicity including neurotoxicity)</u></li> </ul>	<p>These limitations were established by the FDA-approved package insert and prescribing information and the pharmaceutical compendia for tocilizumab.</p>	<u>English</u>	<u>Medicaid- Louisiana</u>

			<ul style="list-style-type: none"> <li>• <u>Cytokine release syndrome in acute lymphoblastic leukemia related to blinatumomab therapy</u></li> </ul>			
<u>8540</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: tocilizumab – HCPCS code Q5133</u>	<p>For providers with a specialty other than pharmacy, we limit reimbursement of HCPCS code Q5133 to no more than 800 units every 4 weeks if billed with one of the following diagnoses:</p> <ul style="list-style-type: none"> <li>• <u>Giant cell arteritis (GCA)</u></li> <li>• <u>Immune checkpoint inhibitor-related toxicity (GCA)</u></li> <li>• <u>Immune checkpoint inhibitor-related toxicity (inflammatory polyarthropathy)</u></li> <li>• <u>Immune checkpoint inhibitor-related toxicity (polymyalgia rheumatica)</u></li> <li>• <u>Rheumatoid arthritis.</u></li> </ul>	The above limitations are established according to the FDA-approved package insert and prescribing information and the pharmaceutical compendia.	<u>English</u>	<u>Medicaid- Louisiana</u>
<u>8535</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: tocilizumab - HCPCS code Q5133</u>	<p>For providers with a specialty other than home infusion therapy, we limit reimbursement for HCPCS code Q5133 to no more than 2 administrations every 4 weeks if billed with any of the following diagnoses:</p> <ul style="list-style-type: none"> <li>• <u>Acute graft-versus-host disease following hematopoietic cell transplantation</u></li> <li>• <u>Castleman disease</u></li> <li>• <u>Cytokine release syndrome (CAR-T-related toxicity including neurotoxicity)</u></li> <li>• <u>Cytokine release syndrome in acute lymphoblastic leukemia related to</u></li> </ul>	<u>These limitations were established by the FDA- approved package insert and prescribing information and the pharmaceutical compendia for tocilizumab.</u>	<u>English</u>	<u>Medicaid- Louisiana</u>

			<u>blinatumomab therapy</u>  <ul style="list-style-type: none"> <li>• <u>Immune checkpoint inhibitor-related toxicity (hepatitis/elevated alanine transaminase/aspartate transaminase (ALT/AST)</u></li> <li>• <u>Systemic juvenile idiopathic arthritis</u></li> </ul>			
<u>8532</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: tocilizumab - HCPCS code Q5133</u>	<p>For providers with a specialty other than home infusion therapy, we limit reimbursement of charges for HCPCS code Q5133 to no more than 1 visit every 4 weeks if billed with any of the following diagnoses:</p> <ul style="list-style-type: none"> <li>• <u>Antibody-mediated organ rejection (kidney)</u></li> <li>• <u>Giant cell arteritis</u></li> <li>• <u>Immune checkpoint inhibitor-related toxicity (giant cell arteritis)</u></li> <li>• <u>Immune checkpoint inhibitor-related toxicity (inflammatory polyarthropathy)</u></li> <li>• <u>Immune checkpoint inhibitor-related toxicity (polymyalgia rheumatica)</u></li> <li>• <u>Polyarticular juvenile idiopathic arthritis</u></li> <li>• <u>Rheumatoid arthritis</u></li> <li>• <u>Systemic sclerosis</u></li> <li>• <u>Thyroid eye disease</u></li> </ul>	<u>These limitations were established by the FDA-approved package insert and prescribing information and the pharmaceutical compendia for tocilizumab.</u>	<u>English</u>	<u>Medicaid- Louisiana</u>
<u>8530</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: tocilizumab - HCPCS code Q5133</u>	<p>For providers with a specialty other than home infusion therapy, we limit reimbursement of charges for HCPCS code Q5133 to no more than 1 visit every 2 weeks if</p>	<u>These limitations were established by the FDA-approved package insert and prescribing information and</u>	<u>English</u>	<u>Medicaid- Louisiana</u>

			<u>billed with any of the following diagnoses:</u> <ul style="list-style-type: none"> <li>• <u>Acute graft-versus-host disease following hematopoietic cell transplantation</u></li> <li>• <u>Castleman disease</u></li> <li>• <u>Immune checkpoint inhibitor-related toxicity (hepatitis/elevated alanine transaminase/aspartate transaminase (ALT/AST)</u></li> </ul>	<u>the pharmaceutical compendia for tocilizumab.</u>		
<u>8528</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: tocilizumab - HCPCS code Q5133</u>	<u>For providers with a specialty of pharmacy, we limit reimbursement of charges for HCPCS code Q5133 for patients 4 years old and younger to no more than:</u> <ul style="list-style-type: none"> <li>• <u>640 units every 4 weeks if billed with a diagnosis of systemic juvenile idiopathic arthritis</u></li> <li>• <u>1,280 units every 4 weeks if billed with a diagnosis of cytokine release syndrome in acute lymphoblastic leukemia related to blinatumomab therapy</u></li> </ul>	<u>These limitations were established by the FDA-approved package insert and prescribing information and the pharmaceutical compendia for tocilizumab.</u>  <u>Note: The limitations described above are based on maximum dosages established in milligrams. If any units are denied, the provider may dispute the decision through the appropriate process. The provider may submit information, including medical notes showing the patient's body weight, that substantiates the medical necessity of the additional units.</u>	<u>English</u>	<u>Medicaid- Louisiana</u>
<u>8526</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: tocilizumab – HCPCS code Q5133</u>	<u>For providers with a specialty of pharmacy, we limit reimbursement of HCPCS code Q5133 to 560 units every 4 weeks for patients 5-9 years old with a diagnosis of polyarticular juvenile idiopathic arthritis.</u>	<u>These limitations were established by the FDA-approved package insert and prescribing information and</u>	<u>English</u>	<u>Medicaid- Louisiana</u>

				<p><u>the pharmaceutical compendia for tocilizumab.</u></p> <p><u>Note: The limitations described above are based on maximum dosages established in milligrams. If any units are denied, the provider may dispute the decision through the appropriate process. The provider may submit information, including medical notes showing the patient's body weight, that substantiates the medical necessity of the additional units.</u></p>		
<u>8524</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: tocilizumab, 1 mg – HCPCS code Q5133</u>	<u>For providers with a specialty of pharmacy, we limit reimbursement of charges for HCPCS code Q5133 to no more than 7,280 units every 26 weeks for patients 5 -9 years old if billed with a diagnosis of systemic juvenile idiopathic arthritis.</u>	<p><u>These limitations were established by the FDA- approved package insert and prescribing information and the pharmaceutical compendia for tocilizumab.</u></p> <p><u>Note: The limitations described above are based on maximum dosages established in milligrams. If any units are denied, the provider may dispute the decision through the appropriate process. The provider may submit information, including medical notes showing the patient's body weight, that substantiates the medical</u></p>	<u>English</u>	<u>Medicaid- Louisiana</u>



				<u>necessity of the additional units.</u>		
<u>8522</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: tocilizumab – HCPCS code Q5133</u>	<p><u>For patients 1 year old and younger, we do not reimburse charges for HCPCS code Q5133 if administered for:</u></p> <ul style="list-style-type: none"> <li>• <u>Cytokine release syndrome (CAR-T-cell related toxicity including neurotoxicity)</u></li> <li>• <u>Cytokine release syndrome in acute lymphoblastic leukemia related to blinatumomab (J9039) therapy</u></li> <li>• <u>Polyarticular juvenile idiopathic arthritis</u></li> <li>• <u>Systemic juvenile idiopathic arthritis</u></li> </ul>	<u>These limitations were established by the FDA- approved package insert and prescribing information and the pharmaceutical compendia for tocilizumab.</u>	<u>English</u>	<u>Medicaid- Louisiana</u>
<u>8520</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: intravenous (IV) push billed with tocilizumab – HCPCS code Q5133</u>	<u>We do not reimburse charges for IV push technique administration, CPT codes 96374-96376, 96409 or 96411 (if billed with HCPCS code Q5133, unless another drug that can be administered via IV push has been billed for the same date of service).</u>	<u>According to the FDA- approved package insert, tocilizumab is administered via single IV drip infusion only.</u>	<u>English</u>	<u>Medicaid- Louisiana</u>
<u>8518</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: tocilizumab, 1 mg – HCPCS code Q5133</u>	<p><u>We limit reimbursement of charges for HCPCS code Q5133 to no more than 5,600 units every 26 weeks if billed with any of the following diagnoses:</u></p> <ul style="list-style-type: none"> <li>• <u>Giant cell arteritis (GCA)</u></li> <li>• <u>Immune checkpoint inhibitor-related toxicity (GCA)</u></li> <li>• <u>Immune checkpoint inhibitor-related</u></li> </ul>	<p><u>These limitations were established by the FDA- approved package insert and prescribing information and the pharmaceutical compendia for tocilizumab.</u></p> <p><u>Note: The limitations described above are based on maximum dosages established in milligrams. If</u></p>	<u>English</u>	<u>Medicaid- Louisiana</u>

			<u>toxicity (inflammatory polyarthropathy)</u> <ul style="list-style-type: none"> <li>• <u>Immune checkpoint inhibitor-related toxicity (polymyalgia rheumatica)</u></li> <li>• <u>Rheumatoid arthritis</u></li> </ul>	<u>any units are denied, the provider may dispute the decision through the appropriate process. The provider may submit information, including medical notes showing the patient's body weight, that substantiates the medical necessity of the additional units.</u>		
<u>8516</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: tocilizumab – HCPCS code Q5133</u>	<p><u>For providers with a specialty other than home infusion therapy or pharmacy, we limit reimbursement of charges for HCPCS code Q5133 to no more than 800 units per date of service if billed with any of the following diagnoses:</u></p> <ul style="list-style-type: none"> <li>• <u>Giant cell arteritis (GCA)</u></li> <li>• <u>Immune checkpoint inhibitor-related toxicity (GCA)</u></li> <li>• <u>Immune checkpoint inhibitor-related toxicity (inflammatory polyarthropathy)</u></li> <li>• <u>Immune checkpoint inhibitor-related toxicity (polymyalgia rheumatica)</u></li> <li>• <u>Rheumatoid arthritis</u></li> </ul>	<u>These limitations were established by the FDA-approved package insert and prescribing information and the pharmaceutical compendia for tocilizumab.</u>	<u>English</u>	<u>Medicaid- Louisiana</u>
<u>8495</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: tocilizumab, 1 mg – HCPCS code Q5133</u>	<p><u>We do not reimburse charges for HCPCS code Q5133 in any of the following situations:</u></p> <ul style="list-style-type: none"> <li>• <u>If billed with a diagnosis of acute graft-versus-host disease and a diagnosis of complications following hematopoietic cell transplantation is not also present on the claim</u></li> </ul>	<u>These limitations were established by the FDA-approved package insert, prescribing information, the pharmaceutical compendia for tocilizumab and ICD-10 coding guidelines.</u>	<u>English</u>	<u>Medicaid- Louisiana</u>

			<ul style="list-style-type: none"> <li>• <u>If billed with a diagnosis of immune effector cell-associated neurotoxicity syndrome and a diagnosis of complication of immune effector cellular therapy is not also present on the claim</u></li> <li>• <u>If billed with a diagnosis of acute lymphoblastic leukemia and a diagnosis of cytokine release syndrome is not also present on the claim</u></li> <li>• <u>If billed with a diagnosis of cytokine release syndrome and a diagnosis of complications following infusion, transfusion and therapeutic injection is not also present on the claim</u></li> </ul>			
<u>8493</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: tocilizumab, 1 mg – HCPCS code Q5133</u>	<p><u>We limit reimbursement of charges for HCPCS code Q5133 for patients 10 years old and older to no more than 3,200 units every 26 weeks for the following diagnoses:</u></p> <ul style="list-style-type: none"> <li>• <u>Cytokine release syndrome</u></li> <li>• <u>Cytokine release syndrome in acute lymphoblastic leukemia related to blinatumomab therapy</u></li> </ul>	<p><u>These limitations were established by the FDA- approved package insert and prescribing information and the pharmaceutical compendia for tocilizumab.</u></p> <p><u>Note: The limitations described above are based on maximum dosages established in milligrams. If any units are denied, the provider may dispute the decision through the appropriate process. The provider may submit information, including medical notes showing the patient’s body weight, that substantiates the medical</u></p>	<u>English</u>	<u>Medicaid- Louisiana</u>

				<u>necessity of the additional units.</u>		
<u>8491</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: tocilizumab, 1 mg – HCPCS code Q5133</u>	<p><u>For providers with a specialty other than pharmacy, we limit reimbursement of charges for HCPCS code Q5133 for patients 5-9 years old to no more than:</u></p> <ul style="list-style-type: none"> <li>• <u>6,604 units every 26 weeks if billed with a diagnosis of systemic juvenile idiopathic arthritis</u></li> <li>• <u>3,556 units every 26 weeks if billed with a diagnosis of polyarticular juvenile idiopathic arthritis</u></li> <li>• <u>2,032 units every 26 weeks if billed with a diagnosis of cytokine release syndrome or cytokine release syndrome in acute lymphoblastic leukemia related to blinatumomab therapy</u></li> </ul>	<p><u>These limitations were established by the FDA-approved package insert and prescribing information and the pharmaceutical compendia for tocilizumab.</u></p> <p><u>Note: The limitations described above are based on maximum dosages established in milligrams. If any units are denied, the provider may dispute the decision through the appropriate process. The provider may submit information, including medical notes showing the patient’s body weight, that substantiates the medical necessity of the additional units.</u></p>	<u>English</u>	<u>Medicaid- Louisiana</u>
<u>8489</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: tocilizumab, 1 mg – HCPCS code Q5133</u>	<p><u>We limit reimbursement of charges for HCPCS code Q5133 to no more than:</u></p> <p><u>13,000 units every 26 weeks for the following diagnoses:</u></p> <ul style="list-style-type: none"> <li>• <u>Acute graft-versus-host disease following hematopoietic cell transplantation</u></li> <li>• <u>Castleman disease</u></li> </ul> <p><u>7,000 units every 26 weeks for the following diagnoses:</u></p> <ul style="list-style-type: none"> <li>• <u>Antibody-mediated organ rejection</u></li> <li>• <u>Systemic sclerosis</u></li> <li>• <u>Thyroid eye disease</u></li> </ul>	<p><u>These limitations were established by the FDA-approved package insert and prescribing information and the pharmaceutical compendia for tocilizumab.</u></p> <p><u>Note: The limitations described above are based on maximum dosages established in milligrams. If any units are denied, the provider may dispute the</u></p>	<u>English</u>	<u>Medicaid- Louisiana</u>

				<u>decision through the appropriate process. The provider may submit information, including medical notes showing the patient's body weight, that substantiates the medical necessity of the additional units.</u>		
<u>8487</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: tocilizumab, 1 mg – HCPCS code Q5133</u>	<p><u>For providers with a specialty other than home infusion therapy or pharmacy, we limit reimbursement of charges for HCPCS code Q5133 for patients younger than 5 years old to no more than:</u></p> <ul style="list-style-type: none"> <li><u>• 3,705 units every 26 weeks if billed with a diagnosis of systemic juvenile idiopathic arthritis</u></li> <li><u>• 1,140 units every 26 weeks if billed with a diagnosis of cytokine release syndrome</u></li> <li><u>• 1,659 units every 26 weeks if billed with a diagnosis of polyarticular juvenile idiopathic arthritis</u></li> </ul>	<p><u>These limitations were established by the FDA-approved package insert and prescribing information and the pharmaceutical compendia for tocilizumab.</u></p> <p><u>Note: The limitations described above are based on maximum dosages established in milligrams. If any units are denied, the provider may dispute the decision through the appropriate process. The provider may submit information, including medical notes showing the patient's body weight, that substantiates the medical necessity of the additional units.</u></p>	<u>English</u>	<u>Medicaid- Louisiana</u>
<u>8485</u>	<u>HCPCS - Drugs &amp; Biologicals</u>	<u>Louisiana Medicaid: tocilizumab - HCPCS code Q5133</u>	<p><u>For providers with a specialty other than home infusion therapy or pharmacy, we limit reimbursement of charges for HCPCS code Q5133 to no more than:</u></p> <ul style="list-style-type: none"> <li><u>• 237 units per date of service if the patient is 4 years old or younger and the diagnosis on</u></li> </ul>	<u>These limitations were established by the FDA-approved package insert and prescribing information and the pharmaceutical compendia for tocilizumab.</u>	<u>English</u>	<u>Medicaid- Louisiana</u>

			<p><u>the claim is polyarticular juvenile idiopathic arthritis</u></p> <ul style="list-style-type: none"><li>• <u>285 units per date of service if the patient is 4 years old or younger and the diagnosis on the claim is systemic juvenile idiopathic arthritis</u></li><li>• <u>508 units per date of service if the patient is ages 5-9 years old and the diagnosis on the claim is polyarticular juvenile idiopathic arthritis or systemic juvenile idiopathic arthritis</u></li></ul>	<p><u>Note: The limitations described above are based on maximum dosages established in milligrams. If any units are denied, the provider may dispute the decision through the appropriate process. The provider may submit information, including medical notes showing the patient’s body weight, that substantiates the medical necessity of the additional units.</u></p>		
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