

Tocilizumab

Notification:	Category:	Topic:	What is changing? /	Why is Humana making this	Language:	Impacted Products:
			Change Description:	change? / Change Reason:		
<u>8635</u>	HCPCS - Drugs &	Louisiana Medicaid: tocilizumab –	For providers with a specialty of pharmacy,	These limitations were	<u>English</u>	Medicaid- Louisiana
	Biologicals	HCPCS code Q5133	we apply the following limitations to	established by the FDA-		
			reimbursement of charges for HCPCS code	approved package insert and		
			Q5133:	prescribing information and		
			• No more than 1,000 units every 4 weeks if	pharmaceutical compendia		
			billed with a diagnosis of antibody-mediated	for tocilizumab and ICD-10		
			organ rejection (kidney), immune checkpoint	coding guidelines.		
			inhibitor-related toxicity (hepatitis/elevated			
			alanine transaminase/aspartate transaminase	Note: The limitations		
			[ALT/AST]), systemic sclerosis or thyroid eye	described above are based		
			<u>disease</u>	on maximum dosages		
			• No more than 2,000 units every 4 weeks if	established in milligrams. If		
			billed with a diagnosis of Castleman disease	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>8579</u>	HCPCS - Drugs & Biologicals	<u>Louisiana Medicaid: tocilizumab –</u> <u>HCPCS code Q5133</u>	For providers with a specialty of pharmacy, we apply the following limitations to reimbursement of charges for HCPCS code Q5133: • No more than 914 units every 4 weeks for patients 5–9 years old if billed with a diagnosis of systemic juvenile idiopathic arthritis	These limitations were established by the FDA-approved package insert and prescribing information and pharmaceutical compendia for tocilizumab and ICD-10 coding guidelines.	<u>English</u>	Medicaid- Louisiana
			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 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)	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		
			neurotoxicity) • 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	information, including medical notes showing the patient's body weight, that substantiates the medical necessity of the additional units.		
<u>8577</u>	HCPCS - Drugs & Biologicals	Louisiana Medicaid: tocilizumab – HCPCS code Q5133	 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 We limit reimbursement of charges for HCPCS Q5133 to no more than 79 units if billed with 	These limitations were established by the FDA-	<u>English</u>	Medicaid- Louisiana

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			modifier JW and IV infusion, CPT codes 96365,	approved package insert and		
			96366, 96367, 96368, 96413 or 96417 are also	prescribing information and		
			present on the claim. Modifier JW is defined	pharmaceutical compendia.		
			as drug amount discarded/not administered			
			to any patient.	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>8571</u>	HCPCS - Drugs &	Louisiana Medicaid: tocilizumab –	We do not reimburse charges for HCPCS code	These limitations were	<u>English</u>	Medicaid- Louisiana
	Biologicals	HCPCS code Q5133	Q5133 if billed on the same date of service as	established by the FDA-		
			the administration of a live vaccine.	approved package insert and		
				prescribing information,		
				pharmaceutical compendia		
				for tocilizumab, and ICD-10		
				coding guidelines.		
8569	HCPCS - Drugs &	Louisiana Medicaid: tocilizumab –	We limit reimbursement of charges for HCPCS	These limitations were	English	Medicaid- Louisiana
	Biologicals	HCPCS code Q5133	code Q5133 to patients 18 years old or older if	established by the FDA-		
			billed with any of the following diagnoses:	approved package insert and		
				prescribing information and		
			• Hematopoietic cell (aGvHD) transplantation	pharmaceutical compendia.		
			Antibody-mediated organ rejection (kidney)			
			• Castleman disease			
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			• Giant cell arteritis			
			Immune checkpoint inhibitor-related			
			toxicity (giant cell arteritis)			
			toxicity (grant centaries in)			
			Immune checkpoint inhibitor-related			
			toxicity (hepatitis/elevated alanine			
			• transaminase/aspartate transaminase			
			[ALT/AST])			
			Immune checkpoint inhibitor-related			
			toxicity (inflammatory polyarthropathy)			
			toxicity (illiaminatory poryaremopathy)			
			• Immune checkpoint inhibitor-related			
			toxicity (polymyalgia rheumatica)			
			• Rheumatoid arthritis			
			Systemic sclerosis			
			Systemic scierosis			
			Thyroid eye disease			
8567	HCPCS - Drugs &	Louisiana Medicaid: tocilizumab –	For providers with a specialty other than	These limitations were	English	Medicaid- Louisiana
	Biologicals	HCPCS code Q5133	home infusion therapy or pharmacy, we apply	established by the FDA-		
			the following limitations to reimbursement of	approved package insert and		
			charges for HCPCS code Q5133 if billed with a	prescribing information and		
			diagnosis of cytokine release syndrome (CAR-	pharmaceutical compendia.		
			T-cell related toxicity including neurotoxicity) or cytokine release syndrome in acute	Note: The limitations		
			lymphoblastic leukemia related to	described above are based		
			blinatumomab therapy:	on maximum dosages		
			<u> </u>	established in milligrams. If		
				any units are denied, the		
				provider may dispute the		
			• No more than 2,283 units per date of service	decision through the		
			for patients 5–9 years old	appropriate process. The		
				provider may submit		
				information, including		

			No more than 3,000 units per date of service	medical notes showing the		
			for patients 10 years old and older	patient's body weight, that		
			ior patients to years old and older	substantiates the medical		
				necessity of the additional		
				units.		
<u>8555</u>	HCPCS - Drugs &	Louisiana Medicaid: tocilizumab -	For providers with a specialty other than	These limitations were	<u>English</u>	Medicaid- Louisiana
	<u>Biologicals</u>	HCPCS code Q5133	home infusion or pharmacy, we limit	established by the FDA-		
			reimbursement of charges for HCPCS code	approved package insert and		
			Q5133 to no more than 1,000 units (if billed	prescribing information and		
			with any of the following diagnoses):Acute	pharmaceutical compendia		
			graft-versus-host disease and a diagnosis of	for tocilizumab and ICD-10		
			complications following hematopoietic cell	coding guidelines.		
			transplantationAntibody-mediated organ			
			rejectionCastleman diseaseImmune	Note: The limitations		
			checkpoint inhibitor-related toxicity	described above are based		
			(ALT/AST)Systemic sclerosisThyroid eye	on maximum dosages		
			<u>disease</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.		
8630	HCPCS - Drugs &	Louisiana Medicaid: injection,	For providers with a specialty of pharmacy,	The above limitations are	English	Medicaid- Louisiana
	<u>Biologicals</u>	tocilizumab, 1 mg - HCPCS code	we limit reimbursement of charges for HCPCS	established according to the		
		Q5133	code Q5133 to no more than 2,000 units every	FDA-approved package		
			26 weeks if billed with a diagnosis of immune	insert and prescribing		
			checkpoint inhibitor-related toxicity	information and the		
			(hepatitis/elevated alanine	pharmaceutical compendia.		
			transaminase/aspartate transaminase			
			[ALT/AST]).	Note:The limitations		
				described above are based		
				on maximum dosages		
				on maximum addages		

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				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.		
8628	HCPCS - Drugs &	Louisiana Medicaid: tocilizumab –	For providers with a specialty other than	The above limitations are	English	Medicaid- Louisiana
	Biologicals	HCPCS code Q5133	pharmacy, we limit reimbursement of charges	established according to the		
			for HCPCS code Q5133 to no more than 1,000	FDA-approved package		
			units for patients 10 years old and older if	insert and prescribing		
			billed with a diagnosis of polyarticular	information and the		
			juvenile idiopathic arthritis.	pharmaceutical compendia.		
			•			
				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>8626</u>	HCPCS - Drugs &	Louisiana Medicaid: tocilizumab –	For providers with a specialty other than	The above limitations are	<u>English</u>	Medicaid- Louisiana
	<u>Biologicals</u>	HCPCS code Q5133	pharmacy, we limit reimbursement of charges	established according to the		
			for HCPCS code Q5133 to no more than 570	FDA-approved package		
			units for patients 4 years old and younger if	insert and prescribing		
			billed with a diagnosis of systemic juvenile	information and		
			idiopathic arthritis.	pharmaceutical compendia.		
				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>8615</u>	HCPCS - Drugs &	Louisiana Medicaid: injection,	For providers with a specialty of pharmacy,	The above limitations are	<u>English</u>	Medicaid- Louisiana
	<u>Biologicals</u>	tocilizumab, 1 mg – HCPCS code	we limit reimbursement of charges for HCPCS	established according to the		
		<u>Q5133</u>	code Q5133 to no more than:	FDA-approved package		
			1,440 units every 26 weeks for patients 4	insert and prescribing		
			years old and younger with a diagnosis of	information and the		
			cytokine release syndrome (CAR-T-cell related	pharmaceutical compendia.		
			toxicity including neurotoxicity)			
			1,960 units every 26 weeks for patients 4	Note: The limitations		
			years old and younger with a diagnosis of	described above are based		
			polyarticular juvenile idiopathic arthritis	on maximum dosages		
			2,240 units every 26 weeks for patients 5-9	established in milligrams. If		
			years old with a diagnosis of cytokine release	any units are denied, the		
			syndrome (CAR-T-cell related toxicity	provider may dispute the		
			including neurotoxicity) or cytokine release	decision through the		

			syndrome in acute lymphoblastic leukemia	appropriate process. The		
			related to blinatumomab (J9039) therapy	provider may submit		
			3,920 units every 26 weeks for patients ages	information, including		
			5-9 with a diagnosis of polyarticular juvenile	medical notes showing the		
			idiopathic arthritis	patient's body weight, that		
			4,680 units every 26 weeks for patients 4 and	substantiates the medical		
			younger with a diagnosis of systemic juvenile	necessity of the additional		
			idiopathic arthritis	units.		
<u>8613</u>	HCPCS - Drugs &	Louisiana Medicaid: injection,	We limit reimbursement of charges for HCPCS	The above limitations are	<u>English</u>	Medicaid- Louisiana
	<u>Biologicals</u>	tocilizumab, 1 mg - HCPCS code	code Q5133 to no more than 3,000 units every	established according to the		
		Q5133	6 weeks if the diagnosis on the claim is acute	FDA-approved package		
			graft-versus-host disease following	insert and prescribing		
			hematopoietic cell transplantation.	information and the		
				pharmaceutical compendia.		
				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.		
8611	HCPCS - Drugs &	Louisiana Medicaid: injection,	We limit reimbursement of charges for HCPCS	The above limitations are	English	Medicaid- Louisiana
	Biologicals	tocilizumab, 1 mg – HCPCS code	code Q5133 for patients 4 years old and	established according to the		
		Q5133	younger to no more than:	FDA-approved package		
				insert and prescribing		
			• 474 units every 6 weeks if billed with a	information and the		
			diagnosis of polyarticular juvenile idiopathic	pharmaceutical compendia.		
			arthritis			
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			• 1,140 units every 26 weeks if billed with a diagnosis of cytokine release syndrome in acute lymphoblastic leukemia related to blinatumomab (J9039) therapy	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		
8609	HCPCS - Drugs & Biologicals	Louisiana Medicaid: injection, tocilizumab, 1 mg – HCPCS code Q5133	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.	necessity of the additional units. 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	<u>English</u>	Medicaid- Louisiana
8607	HCPCS - Drugs & Biologicals	Louisiana Medicaid: injection, tocilizumab, 1 mg – HCPCS code Q5133	We do not reimburse charges for HCPCS code Q5133 unless submitted with one of the following diagnoses: • Acute graft-versus-host disease following hematopoietic cell transplantation • Acute lymphoblastic leukemia • Antibody-mediated organ rejection (kidney) • Castleman disease	The limitations above are supported by the FDA-approved package insert and prescribing information and the pharmaceutical compendia.	<u>English</u>	Medicaid- Louisiana

Coronavirus Disease 2019 (COVID-19)	
Cytokine release syndrome (CAR-T-related toxicity including neurotoxicity)	
Cytokine release syndrome (CRS) in acute lymphoblastic leukemia related to blinatumomab therapy	
<u>• CRS</u>	
• Giant cell arteritis (GCA)	
Hemophagocytic lymphohistiocytosis	
• Immune checkpoint inhibitor-related toxicity (GCA)	
Immune checkpoint inhibitor-related toxicity (hepatitis/elevated alanine transaminase/aspartate transaminase (ALT/AST)	
• Immune checkpoint inhibitor-related toxicity (inflammatory polyarthropathy)	
• Immune checkpoint inhibitor-related toxicity (polymyalgia rheumatica)	
• Immune effector cell-associated neurotoxicity syndrome	
Juvenile idiopathic arthritis-associated uveitis	
• Kidney transplant, chronic antibody- mediated rejection	

			 Kidney transplant, pretransplant 			
			<u>desensitization</u>			
			. At the second			
			Neuromyelitis optica, relapse prevention			
			a Dalvansia dan inganila idianashia anthuisia			
			Polyarticular juvenile idiopathic arthritis			
			Rheumatoid arthritis			
			- Micamatola artificis			
			Systemic juvenile idiopathic arthritis			
			Systemic Sclerosis-associated interstitial			
			lung disease			
			Systemicscleroderma (systemic sclerosis)			
			_, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,			
			• Thyroid eye disease (moderate to severe),			
			<u>active</u>			
			Uveitis, noninfectious			
8599	HCPCS - Drugs &	Louisiana Medicaid: Tocilizumab, 1	For providers with a specialty other than	These limitations were	English	Medicaid- Louisiana
<u> </u>	Biologicals	mg – HCPCS code Q5133	pharmacy, we limit reimbursement of charges	established by the FDA-	<u> Liigiioii</u>	IVICAICAIA EGAISIAIIA
	<u> </u>		for HCPCS code Q5133 to no more than 2,000	approved package insert and		
			units every 26 weeks if billed with a diagnosis	prescribing information and		
			of immune checkpoint inhibitor-related	the pharmaceutical		
			toxicity (hepatitis/elevated alanine	compendia for tocilizumab.		
			transaminase/aspartate transaminase			
			(ALT/AST)).			
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				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>8594</u>	HCPCS - Drugs &	Louisiana Medicaid: Tocilizumab, 1	We limit reimbursement of charges for HCPCS	These limitations were	<u>English</u>	Medicaid- Louisiana
	Biologicals	mg – HCPCS code Q5133	code Q5133 for patients 10 years old and	established by the FDA-		
			older to no more than:	approved package insert and		
				prescribing information and		
			• 13,000 units every 26 weeks if billed with a	the pharmaceutical		
			diagnosis of systemic juvenile idiopathic	compendia for tocilizumab.		
			arthritis			
			• 7,000 units every 26 weeks if billed with a			
			diagnosis of polyarticular juvenile idiopathic			
			arthritis	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.		
8583	HCPCS - Drugs &	Louisiana Medicaid: Tocilizumab –	For providers with a specialty of pharmacy,	The above limitations are	English	Medicaid- Louisiana
3333	Biologicals	HCPCS code Q5133	we apply the following limitations to	established according to the	<u>=::5::5::</u>	carcara Econoralia
	Diologicals	110. 03 touc Q3133	reimbursement of HCPCS code Q5133 for	FDA- approved package		
			patients 4 years old and younger:	insert and prescribing		
			patients + years old and younger.	information and		
			• No more than 1,280 units every 26 weeks if	pharmaceutical compendia.		
			billed with a diagnosis of cytokine release	pharmaceutical compendia.		
			syndrome in acute lymphoblastic leukemia			

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			related to blinatumomab therapy			
			 No more than 480 units every 6 weeks if 	Note: The limitations		
			billed with a diagnosis of polyarticular	described above are based		
			juvenile idiopathic arthritis	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.		
8581	HCPCS - Drugs &	Louisiana Medicaid: tocilizumab –	For providers with a specialty of pharmacy,	The above limitations are	English	Medicaid- Louisiana
	Biologicals	HCPCS code Q5133	we limit reimbursement of charges for HCPCS	established according to the		
			code Q5133 to no more than 3,000 units every	FDA-approved package		
			6 weeks if billed with a diagnosis of acute	insert and prescribing		
			graft-versus-host disease following	information and the		
			hematopoietic cell transplantation.	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		
i				lintormation including		
				information, including medical notes showing the		

				patient's body weight, that substantiates the medical necessity of the additional units.		
<u>8575</u>	HCPCS - Drugs & Biologicals	Louisiana Medicaid: tocilizumab – HCPCS code Q5133	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.	The above limitations are established according to the FDA-approved package insert and prescribing information and the pharmaceutical compendia. 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.	English	Medicaid- Louisiana
<u>8573</u>	HCPCS - Drugs & Biologicals	Louisiana Medicaid: tocilizumab – HCPCS code Q5133	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	The above limitations are established according to the FDA-approved package insert and prescribing	<u>English</u>	Medicaid- Louisiana

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			and older if billed with a diagnosis of systemic	information and the		
			juvenile idiopathic arthritis.	pharmaceutical compendia.		
				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.		
8565	HCPCS - Drugs &	Louisiana Medicaid: tocilizumab –	For providers with a specialty other than	The above limitations are	English	Medicaid- Louisiana
3333	Biologicals	HCPCS code Q5133	pharmacy, we limit reimbursement of HCPCS	established according to the		
	<u>Diologicals</u>	<u> 25 35 46 Q5 255</u>	code Q5133 to no more than 1,000 units every	FDA- approved package		
			4 weeks if billed with one of the following	insert and prescribing		
			diagnoses:	information and the		
			diagnoses.			
				pharmaceutical compendia.		
			Antibody-mediated organ rejection (kidney)			
			• Immune checkpoint inhibitor-related			
			toxicity (hepatitis/elevated ALT/AST)			
			Systemic sclerosis	Note: The limitations		
			• Thyroid eye disease	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		
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				information, including		
				medical notes showing the		
				patient's body weight, that		
				substantiates the medical		
				necessity of the additional		
				units.		
8563	HCPCS - Drugs &	Louisiana Medicaid: tocilizumab –	For providers with a specialty other than	The above limitations are	English	Medicaid- Louisiana
	Biologicals	HCPCS code Q5133	pharmacy, we limit reimbursement of HCPCS	established according to the		
			code Q5133 to no more than 1,000 units every	FDA- approved package		
			4 weeks for patients 10 years old and older if	insert and prescribing		
			billed with a diagnosis of polyarticular	information and the		
			juvenile idiopathic arthritis.	pharmaceutical compendia.		
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				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>8561</u>	HCPCS - Drugs &	Louisiana Medicaid: tocilizumab –	For providers with a specialty other than	The above limitations are	<u>English</u>	Medicaid- Louisiana
	Biologicals	HCPCS code Q5133	pharmacy, we limit reimbursement of HCPCS	established according to the		
			code Q5133 to no more than 1016 units every	FDA-approved package		
			4 weeks for patients 5-9 years old if billed	insert and prescribing		
			with a diagnosis of systemic juvenile	information and the		
			idiopathic arthritis.	pharmaceutical compendia.		
				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.		
8559	HCPCS - Drugs &	Louisiana Medicaid: tocilizumab –	For providers with a specialty other than	The above limitations are	<u>English</u>	Medicaid- Louisiana
	Biologicals	HCPCS code Q5133	pharmacy, we apply the following limitations	established according to the		
			to reimbursement of charges for HCPCS code	FDA- approved package		
			Q5133 if billed with a diagnosis of a diagnosis	insert and the prescribing		
			of cytokine release syndrome in acute	information and the		
			lymphoblastic leukemia related to	pharmaceutical compendia.		
			blinatumomab therapy or cytokine release			
			syndrome (CAR-T-cell related toxicity	Note:The limitations		
			including neurotoxicity):	described above are based		
				on maximum dosages		
				established in milligrams. If		
				any units are denied, the		

		No more than 1,140 units every 4 weeks for patients 4 years old and younger No more than 2,032 units every 4 weeks for patients 5-9 years old No more than 3,200 units every 4 weeks for patients age 10 and older	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.		
HCPCS - Drugs & Biologicals	Louisiana Medicaid: tocilizumab, 1 mg – HCPCS code Q5133	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: • Polyarticular juvenile idiopathic arthritis • Systemic juvenile idiopathic arthritis	These limitations were established by the FDA-approved package insert and prescribing information and pharmaceutical compendia for tocilizumab and ICD-10 coding guidelines. 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>English</u>	Medicaid- Louisiana

<u>8550</u>	HCPCS - Drugs & Biologicals	Louisiana Medicaid: tocilizumab - HCPCS code Q5133	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: • Cytokine release syndrome in acute lymphoblastic leukemia related to blinatumomab therapy. • Cytokine release syndrome (CAR-T-cell related toxicity including neurotoxicity)	These limitations were established by the FDA- approved package insert, prescribing information, the pharmaceutical compendia for tocilizumab and ICD-10 coding guidelines. 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>English</u>	Medicaid- Louisiana
8548	HCPCS - Drugs & Biologicals	Louisiana Medicaid: tocilizumab – HCPCS code Q5133	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	These limitations were established by the FDA-approved package insert and prescribing information and the pharmaceutical compendia for tocilizumab.	<u>English</u>	Medicaid- Louisiana
<u>8546</u>	HCPCS - Drugs & Biologicals	Louisiana Medicaid: tocilizumab – HCPCS code Q5133	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:	These limitations were established by the FDA- approved package insert and prescribing information and the pharmaceutical compendia for tocilizumab.	English	Medicaid- Louisiana

	I					
			Antibody-mediated organ rejection (kidney)			
			• Giant cell arteritis (GCA)			
			• Immune checkpoint inhibitor-related toxicity (GCA)			
			• Immune checkpoint inhibitor-related toxicity (inflammatory polyarthropathy)			
			• Immune checkpoint inhibitor-related toxicity (polymyalgia rheumatica)			
			Polyarticular juvenile idiopathic arthritis			
			Rheumatoid arthritis			
			Systemic sclerosis			
			Thyroid eye disease			
8544	HCPCS - Drugs &	Louisiana Medicaid: tocilizumab –	For providers with a specialty other than	These limitations were	<u>English</u>	Medicaid- Louisiana
	<u>Biologicals</u>	HCPCS code Q5133	home infusion therapy, we limit	established by the FDA-		
			reimbursement of charges for HCPCS code Q5133 to no more than 4 administrations	approved package insert and prescribing information and		
			every 26 weeks if billed with a diagnosis of	the pharmaceutical		
			immune checkpoint inhibitor-related toxicity	compendia for tocilizumab.		
			(hepatitis/elevated alanine			
			transaminase/aspartate transaminase			
			(ALT/AST).			
<u>8542</u>	HCPCS - Drugs &	Louisiana Medicaid: tocilizumab -	For providers with a specialty other than	These limitations were	<u>English</u>	Medicaid- Louisiana
	<u>Biologicals</u>	HCPCS code Q5133	home infusion therapy, we limit reimbursement for HCPCS code Q5133 to no	established by the FDA-		
			more than 2 administrations every 26 weeks if	approved package insert and prescribing information and		
			billed with any of the following diagnoses:	the pharmaceutical		
				compendia for tocilizumab.		
			Cytokine release syndrome (CAR-T-cell			
			related toxicity including neurotoxicity)			

			• Cytokine release syndrome in acute			
			lymphoblastic leukemia related to			
			blinatumomab therapy			
<u>8540</u>	HCPCS - Drugs &	Louisiana Medicaid: tocilizumab –	For providers with a specialty other than	The above limitations are	<u>English</u>	Medicaid- Louisiana
	<u>Biologicals</u>	HCPCS code Q5133	pharmacy, we limit reimbursement of HCPCS	established according to the		
			code Q5133 to no more than 800 units every 4	FDA-approved package		
			weeks if billed with one of the following diagnoses:	insert and prescribing information and the		
			ulagiloses.	pharmaceutical compendia.		
			Giant cell arteritis (GCA)	pharmaceutical compendia:		
			• Immune checkpoint inhibitor-related			
			toxicity (GCA)			
			• Immune checkpoint inhibitor-related			
			toxicity (inflammatory polyarthropathy)			
			Immune checkpoint inhibitor-related			
			toxicity (polymyalgia rheumatica)			
			toxicity (polymyaigia meamatica)			
			Rheumatoid arthritis.			
<u>8535</u>	HCPCS - Drugs &	Louisiana Medicaid: tocilizumab -	For providers with a specialty other than	These limitations were	<u>English</u>	Medicaid- Louisiana
	<u>Biologicals</u>	HCPCS code Q5133	home infusion therapy, we limit	established by the FDA-		
			reimbursement for HCPCS code Q5133 to no	approved package insert and		
			more than 2 administrations every 4 weeks if	prescribing information and		
			billed with any of the following diagnoses:	the pharmaceutical		
			a A suite graft various book disease fallowing	compendia for tocilizumab.		
			 Acute graft-versus-host disease following hematopoietic cell transplantation 			
			nematopoletic cen transplantation			
			Castleman disease			
			• Cytokine release syndrome (CAR-T-related			
			toxicity including neurotoxicity)			
			Cytokine release syndrome in acute			
			lymphoblastic leukemia related to			

			blinatumomab therapy			
			• Immune checkpoint inhibitor-related			
			toxicity (hepatitis/elevated alanine			
			transaminase/aspartate transaminase			
			(ALT/AST)			
			• Systemic juvenile idiopathic arthritis			
<u>8532</u>	HCPCS - Drugs &	Louisiana Medicaid: tocilizumab -	For providers with a specialty other than	These limitations were	<u>English</u>	Medicaid- Louisiana
	<u>Biologicals</u>	HCPCS code Q5133	home infusion therapy, we limit	established by the FDA-		
			reimbursement of charges for HCPCS code	approved package insert and		
			Q5133 to no more than 1 visit every 4 weeks if	prescribing information and		
			billed with any of the following diagnoses:	the pharmaceutical		
			Antibody-mediated organ rejection (kidney)	compendia for tocilizumab.		
			• Giant cell arteritis			
			Immune checkpoint inhibitor-related			
			toxicity (giant cell arteritis)			
			• Immune checkpoint inhibitor-related			
			toxicity (inflammatory polyarthropathy)			
			Immune checkpoint inhibitor-related			
			toxicity (polymyalgia rheumatica)			
			Polyarticular juvenile idiopathic arthritis			
			• Rheumatoid arthritis			
			• Systemic sclerosis			
			Thyroid eye disease			
<u>8530</u>	HCPCS - Drugs &	Louisiana Medicaid: tocilizumab -	For providers with a specialty other than	These limitations were	English	Medicaid- Louisiana
	Biologicals	HCPCS code Q5133	home infusion therapy, we limit	established by the FDA-		
			reimbursement of charges for HCPCS code	approved package insert and		
			Q5133 to no more than 1 visit every 2 weeks if	prescribing information and		

			billed with any of the following diagnoses:	the pharmaceutical		
			and the state of t	compendia for tocilizumab.		
			Acute graft-versus-host disease following			
			hematopoietic cell transplantation			
			• Castleman disease			
			• Immune checkpoint inhibitor-related			
			toxicity (hepatitis/elevated alanine			
			transaminase/aspartate transaminase			
			(ALT/AST)			
<u>8528</u>	HCPCS - Drugs &	<u>Louisiana Medicaid: tocilizumab -</u>	For providers with a specialty of pharmacy,	These limitations were	<u>English</u>	Medicaid- Louisiana
	<u>Biologicals</u>	HCPCS code Q5133	we limit reimbursement of charges for HCPCS	established by the FDA-		
			code Q5133 for patients 4 years old and	approved package insert and		
			younger to no more than:	prescribing information and		
			• 640 units every 4 weeks if billed with a	the pharmaceutical		
			diagnosis of systemic juvenile idiopathic arthritis	compendia for tocilizumab.		
			• 1,280 units every 4 weeks if billed with a	Note: The limitations		
			diagnosis of cytokine release syndrome in	described above are based		
			acute lymphoblastic leukemia related to	on maximum dosages		
			blinatumomab therapy	established in milligrams. If		
			<u></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>8526</u>	HCPCS - Drugs &	Louisiana Medicaid: tocilizumab –	For providers with a specialty of pharmacy,	These limitations were	<u>English</u>	Medicaid- Louisiana
	<u>Biologicals</u>	HCPCS code Q5133	we limit reimbursement of HCPCS code Q5133	established by the FDA-		
			to 560 units every 4 weeks for patients 5-9	approved package insert and		
			years old with a diagnosis of polyarticular	prescribing information and		
			juvenile idiopathic arthritis.			

	1	T	1	the pharmaceutical		
				compendia for tocilizumab.		
				compendia for tocilizarilab.		
				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>8524</u>	HCPCS - Drugs &	Louisiana Medicaid: tocilizumab, 1	For providers with a specialty of pharmacy,	These limitations were	<u>English</u>	Medicaid- Louisiana
	Biologicals	mg – HCPCS code Q5133	we limit reimbursement of charges for HCPCS	established by the FDA-		
			code Q5133 to no more than 7,280 units every	approved package insert and		
			26 weeksfor patients 5 -9 years old if billed	prescribing information and		
			with a diagnosis of systemic juvenile	the pharmaceutical		
			idiopathic arthritis.	compendia for tocilizumab.		
				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.		
8522	HCPCS - Drugs & Biologicals	Louisiana Medicaid: tocilizumab – HCPCS code Q5133	For patients 1 year old and younger, we do not reimburse charges for HCPCS code Q5133 if administered for: Cytokine release syndrome (CAR-T-cell related toxicity including neurotoxicity) Cytokine release syndrome in acute lymphoblastic leukemia related to blinatumomab (J9039) therapy Polyarticular juvenile idiopathic arthritis	These limitations were established by the FDA-approved package insert and prescribing information and the pharmaceutical compendia for tocilizumab.	<u>English</u>	Medicaid- Louisiana
<u>8520</u>	HCPCS - Drugs & Biologicals	Louisiana Medicaid: intravenous (IV) push billed with tocilizumab – HCPCS code Q5133	Systemic juvenile idiopathic arthritis 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).	According to the FDA- approved package insert, tocilizumab is administered via single IV drip infusion only.	English	Medicaid- Louisiana
8518	HCPCS - Drugs & Biologicals	Louisiana Medicaid: tocilizumab, 1 mg – HCPCS code Q5133	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: • Giant cell arteritis (GCA) • Immune checkpoint inhibitor-related toxicity (GCA) • Immune checkpoint inhibitor-related	These limitations were established by the FDA-approved package insert and prescribing information and the pharmaceutical compendia for tocilizumab. Note: The limitations described above are based on maximum dosages established in milligrams. If	<u>English</u>	Medicaid- Louisiana

			4			
			toxicity (inflammatory polyarthropathy)	any units are denied, the		
				provider may dispute the		
			• Immune checkpoint inhibitor-related	decision through the		
			toxicity (polymyalgia rheumatica)	appropriate process. The		
				provider may submit		
			• Rheumatoid arthritis	information, including		
				medical notes showing the		
				patient's body weight, that		
				substantiates the medical		
				necessity of the additional		
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<u>8516</u>	HCPCS - Drugs &	Louisiana Medicaid: tocilizumab –	For providers with a specialty other than	These limitations were	<u>English</u>	Medicaid- Louisiana
	<u>Biologicals</u>	HCPCS code Q5133	home infusion therapy or pharmacy, we limit	established by the FDA-		
			reimbursement of charges for HCPCS code	approved package insert and		
			Q5133 to no more than 800 units per date of service if billed with any of the following	prescribing information and the pharmaceutical		
			<u> </u>	compendia for tocilizumab.		
			diagnoses:	compendia for tocilizumab.		
			Giant cell arteritis (GCA)			
			Giant ten artentis (GCA)			
			Immune checkpoint inhibitor-related			
			toxicity (GCA)			
			toxicity (dea)			
			Immune checkpoint inhibitor-related			
			toxicity (inflammatory polyarthropathy)			
			toxicity (iiiiaiiiiiatoi y poiyai tiii opatiiy)			
			Immune checkpoint inhibitor-related			
			toxicity (polymyalgia rheumatica)			
			toxicity (polymyalgia meamatica)			
			Rheumatoid arthritis			
8495	HCPCS - Drugs &	Louisiana Medicaid: tocilizumab, 1	We do not reimburse charges for HCPCS code	These limitations were	English	Medicaid- Louisiana
3.33	Biologicals	mg – HCPCS code Q5133	Q5133 in any of the following situations:	established by the FDA-	<u>=::5::5::</u>	caicaia Eduisialia
	<u>Diologicals</u>		gazas any or the following steadtons:	approved package insert,		
			• If billed with a diagnosis of acute graft-	prescribing information, the		
			versus-host disease and a diagnosis of	pharmaceutical compendia		
			complications following hematopoietic cell	for tocilizumab and ICD-10		
			transplantation is not also present on the	coding guidelines.		
			claim			
			<u> </u>			

	1	T	T	<u> </u>	I	
			• 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			
			If billed with a diagnosis of acute Iymphoblastic leukemia and a diagnosis of cytokine release syndrome is not also present			
			on the claim			
			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>8493</u>	HCPCS - Drugs &	Louisiana Medicaid: tocilizumab, 1	We limit reimbursement of charges for HCPCS	These limitations were	<u>English</u>	Medicaid- Louisiana
	<u>Biologicals</u>	mg – HCPCS code Q5133	code Q5133 for patients 10 years old and	established by the FDA-		
			older to no more than 3,200 units every 26	approved package insert and		
			weeks for the following diagnoses:	prescribing information and		
				the pharmaceutical		
			Cytokine release syndrome	compendia for tocilizumab.		
			• Cytokine release syndrome in acute	Note: The limitations		
			lymphoblastic leukemia related to	described above are based		
			<u>blinatumomab therapy</u>	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		
	1			Sanstantiates the incural		

				necessity of the additional		
				units.		
<u>8491</u>	HCPCS - Drugs &	Louisiana Medicaid: tocilizumab, 1	For providers with a specialty other than	These limitations were	<u>English</u>	Medicaid- Louisiana
	<u>Biologicals</u>	mg – HCPCS code Q5133	pharmacy, we limit reimbursement of charges	established by the FDA-		
			for HCPCS code Q5133 for patients 5-9 years	approved package insert and		
			old to no more than:	prescribing information and		
				the pharmaceutical		
			• 6,604 units every 26 weeks if billed with a	compendia for tocilizumab.		
			diagnosis of systemic juvenile idiopathic			
			<u>arthritis</u>	Note: The limitations		
				described above are based		
			• 3,556 units every 26 weeks if billed with a	on maximum dosages		
			diagnosis of polyarticular juvenile idiopathic	established in milligrams. If		
			<u>arthritis</u>	any units are denied, the		
				provider may dispute the		
			• 2,032 units every 26 weeks if billed with a	decision through the		
			diagnosis of cytokine release syndrome or	appropriate process. The		
			cytokine release syndrome in acute	provider may submit		
			lymphoblastic leukemia related to	information, including		
			blinatumomab therapy	medical notes showing the		
				patient's body weight, that		
				substantiates the medical		
				necessity of the additional		
				<u>units.</u>		
<u>8489</u>	HCPCS - Drugs &	Louisiana Medicaid: tocilizumab, 1	We limit reimbursement of charges for HCPCS	These limitations were	<u>English</u>	Medicaid- Louisiana
	<u>Biologicals</u>	mg – HCPCS code Q5133	code Q5133 to no more than:	established by the FDA-		
			13,000 units every 26 weeks for the following	approved package insert and		
			diagnoses:	prescribing information and		
			 Acute graft-versus-host disease following 	the pharmaceutical		
			hematopoietic cell transplantation	compendia for tocilizumab.		
			• Castleman disease			
			7,000 units every 26 weeks for the following	Note: The limitations		
			diagnoses:	described above are based		
			Antibody-mediated organ rejection	on maximum dosages		
			• Systemic sclerosis	established in milligrams. If		
			• Thyroid eye disease	any units are denied, the		
				provider may dispute the		

8487	HCPCS - Drugs & Biologicals	Louisiana Medicaid: tocilizumab, 1 mg – HCPCS code Q5133	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: • 3,705 units every 26 weeks if billed with a diagnosis of systemic juvenile idiopathic arthritis • 1,140 units every 26 weeks if billed with a diagnosis of cytokine release syndrome • 1,659 units every 26 weeks if billed with a diagnosis of polyarticular juvenile idiopathic arthritis	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. These limitations were established by the FDA-approved package insert and prescribing information and the pharmaceutical compendia for tocilizumab. 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	<u>English</u>	Medicaid- Louisiana
<u>8485</u>	HCPCS - Drugs &	Louisiana Medicaid: tocilizumab -	For providers with a specialty other than	units. These limitations were	English	Medicaid- Louisiana
<u>0403</u>	Biologicals	HCPCS code Q5133	home infusion therapy or pharmacy, we limit reimbursement of charges for HCPCS code Q5133 to no more than: • 237 units per date of service if the patient is 4 years old or younger and the diagnosis on	established by the FDA- approved package insert and prescribing information and the pharmaceutical compendia for tocilizumab.	EIIgiisii	<u>ivieuitaiu- Louisiaria</u>

	the claim is polyarticular juvenile idiopathic	Note: The limitations	
	<u>arthritis</u>	described above are based	
	• 285 units per date of service if the patient is	on maximum dosages	
	4 years old or younger and the diagnosis on	established in milligrams. If	
	the claim is systemic juvenile idiopathic	any units are denied, the	
	<u>arthritis</u>	provider may dispute the	
	• 508 units per date of service if the patient is	decision through the	
	ages 5-9 years old and the diagnosis on the	appropriate process. The	
	claim is polyarticular juvenile idiopathic	provider may submit	
	arthritis or systemic juvenile idiopathic	information, including	
	<u>arthritis</u>	medical notes showing the	
		patient's body weight, that	
		substantiates the medical	
		necessity of the additional	
		units.	