

PA Criteria	Criteria Details						
Covered Uses (FDA approved indication)	Tyenne is a biosimilar to Actemra (tocilizumab). Tocilizumab (including biosimilars) is an interleukin-6 inhibitor (IL-6i) indicated for multiple inflammatory conditions, including rheumatoid arthritis (RA), giant cell arteritis, and juvenile idiopathic arthritis (JIA).						
Exclusion Criteria	Must not be used in combination with other biologic drugs, Otezla, or Janus Kinase Inhibitor (JAKis).						
Required Medical Information	Medical records supporting the request must be provided, including documentation of prior therapies and responses to treatment.						
Age Restriction	None.						
Prescriber Restrictions	Prescriber is a specialist or has consulted with a specialist for the condition being treated.						
Coverage Duration	Two years. Dose will be approved according to the FDA approved labeling or within accepted standards of medical practice.						
Other Criteria/Information	Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document. <table border="1" data-bbox="500 957 1511 1136"> <thead> <tr> <th>HCPCS</th> <th>Description</th> <th>Billing Units/How Supplied</th> </tr> </thead> <tbody> <tr> <td>Q5135</td> <td>Tyenne IV (tocilizumab-aazg)</td> <td>Billing unit: 1 mg 80 mg/4 mL, 200 mg/10 mL, 400 mg/20 mL SDV</td> </tr> </tbody> </table>	HCPCS	Description	Billing Units/How Supplied	Q5135	Tyenne IV (tocilizumab-aazg)	Billing unit: 1 mg 80 mg/4 mL, 200 mg/10 mL, 400 mg/20 mL SDV
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STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	5/15/2025	Pharmacy & Therapeutics (P&T) Committee	5/15/2025