



AmeriHealth.

Policy Title Adalimumab (Humira®)

Policy Number FS.CLIN.61

Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification and age, gender or quantity restrictions. Individual member benefits must be verified.

This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. If the Medical/Pharmacy Reviewer is aware of any new information on the subject of this document, please provide it promptly to the Medical/Pharmacy Policy Department. This information may include new FDA approved indications, withdrawals or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Policy **Adalimumab (Humira®)** is indicated for the treatment of Crohn's disease, moderate to severe rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis, moderate to severe juvenile idiopathic arthritis (JIA) and moderate to severe plaque psoriasis.

The use of adalimumab (Humira®) requires prior authorization (i.e., clinical pharmacy and/or Medical Director review).

Policy description **Adalimumab (Humira®)** is a recombinant human IgG1 monoclonal antibody that blocks tumor necrosis factor (TNF). TNF is a naturally occurring cytokine that plays a role in inflammatory and immune responses. Elevated TNF levels can cause inflammation and joint destruction in individuals with rheumatoid arthritis, ankylosing spondylitis, juvenile idiopathic arthritis, and psoriatic arthritis. Adalimumab (Humira®) binds to TNF-alpha, blocks its interaction with surface TNF receptors, and causes surface lysis (breakdown), leading to decreased inflammation and joint destruction. Adalimumab (Humira®) does not bind to or inactivate TNF-beta. Adalimumab (Humira®) also modulates biological responses that are induced or regulated by TNF, including changes in the levels of adhesion molecules responsible for leukocyte migration. Adalimumab (Humira®) decreases C-reactive protein, erythrocyte sedimentation rate, IL-6, and matrix metalloproteinases MMP-1 and MMP-3.

Policy guideline inclusion **Adalimumab (Humira®)** is approved when **any** of the following inclusion criteria is met:

- Documentation of a diagnosis of moderate to severe Rheumatoid Arthritis, Ankylosing Spondylitis or Psoriatic Arthritis and ALL of the following:
 - Patient is an adult (≥ 18 years)
 - Medication is being recommended and prescribed by a rheumatologist
 - Patient had at least a 30 day trial and failure with ONE of the following disease-modifying anti-rheumatic drugs (DMARDs) OR contraindication to ALL of the following DMARDs:

- Methotrexate
 - Hydroxychloroquine
 - Leflunomide
 - Azathioprine
 - Sulfasalazine
 - Etanercept (Enbrel®)
 - Patient is not on concurrent therapy with Anakinra (Kineret®) or other tumor necrosis factor antagonists.
 - Patient does not have active infections or sepsis.
 - Patient has been evaluated (i.e. tuberculin skin test) and does not have active or latent tuberculosis.
 - Patient does not have active malignancy.
- Documentation of a diagnosis of moderate to severe Juvenile Idiopathic Arthritis (JIA) and ALL of the following:
 - Patient is ≥ 4 years old.
 - Medication is being recommended and prescribed by a rheumatologist.
 - Patient had at least a 30 day trial and failure with ONE of the following disease-modifying anti-rheumatic drugs (DMARDs) OR contraindication to ALL of the following DMARDs:
 - Methotrexate
 - Hydroxychloroquine
 - Leflunomide
 - Azathioprine
 - Sulfasalazine
 - Etanercept (Enbrel®)
 - Patient is not on concurrent therapy with Anakinra (Kineret®) or other tumor necrosis factor antagonists.
 - Patient does not have active infections or sepsis.
 - Patient has been evaluated (i.e. tuberculin skin test) and does not have active or latent tuberculosis.
 - Patient does not have active malignancy.
- Documentation of a diagnosis of moderate to severe chronic Plaque Psoriasis and ALL of the following:
 - Patient is an adult (≥ 18 years).
 - Medication is being recommended and prescribed by a dermatologist.
 - Patient had at least a 30 day trial and failure with ONE of the following drugs OR contraindication to ALL of the following drugs:
 - Topical Calcipotriene containing products
 - Topical Anthralin
 - Topical Steroids
 - Topical immunomodulators (Elidel®, Protopic®)
 - Topical retinoids
 - Efudex
 - Etanercept (Enbrel®)
 - Patient is not on concurrent therapy with Anakinra (Kineret®) or other tumor necrosis factor antagonists.
 - Patient does not have active infections or sepsis.
 - Patient has been evaluated (i.e. tuberculin skin test) and does not have active or latent tuberculosis.
 - Patient does not have active malignancy.
- Documentation of a diagnosis of Crohn's Disease and ALL of the following:
 - Patient is an adult (≥ 18 years old).
 - Medication is being recommended and prescribed by a gastroenterologist.

- Patient had at least a 30 day trial and failure with Infliximab (Remicade®) **OR** at least a 30 day trial and failure with one drug from any TWO of the following groups OR contraindication to ALL of the following groups:
 - Corticosteroids: Budesonide (Entocort®EC), Prednisone, Hydrocortisone, Methylprednisolone
 - Aminosalicylates: Sulfasalazine, Mesalamine (Asacol®, Rowasa®, Canasa®, Pentasa®), Olsalazine (Dipentum®), Balsalazide (Colazal™)
 - Immunomodulators: Azathioprine, 6-mercaptopurine, Cyclosporine, Sirolimus (Prograf®), Methotrexate
 - Antibiotics: Metronidazole or Fluoroquinolones
- Patient is not on concurrent therapy with Anakinra (Kineret®) or other tumor necrosis factor antagonists.
- Patient does not have active infections or sepsis.
- Patient has been evaluated (i.e. tuberculin skin test) and does not have active or latent tuberculosis.
- Patient does not have active malignancy.

Policy guideline exclusion

For a diagnosis of moderate to severe Rheumatoid Arthritis, Ankylosing Spondylitis or Psoriatic Arthritis, **Adalimumab (Humira®)** is denied when **any** of the following exclusion criteria is present:

- Patient is less than 18 years old.
- Medication is not being prescribed by a rheumatologist.
- Patient does not have at least a 30 day trial and failure with ONE of the following disease-modifying anti-rheumatic drugs (DMARDs) or contraindication to ALL of the following DMARDs:
 - Methotrexate
 - Hydroxychloroquine
 - Leflunomide
 - Azathioprine
 - Sulfasalazine
 - Etanercept (Enbrel®)
- Patient is on concurrent therapy with Anakinra (Kineret®) or other tumor necrosis factor antagonists.
- Patient has active infections or sepsis.
- Patient has not been evaluated using tuberculin skin test.
- Patient has active or latent tuberculosis.
- Patient has active malignancy.

For a diagnosis of moderate to severe Juvenile Idiopathic Arthritis (JIA), **Adalimumab (Humira®)** is denied when **any** of the following exclusion criteria is present:

- Patient is less than 4 years old.
- Medication is not being prescribed by a rheumatologist.
- Patient does not have at least a 30 day trial and failure with ONE of the following disease-modifying anti-rheumatic drugs (DMARDs) or contraindication to ALL of the following DMARDs:
 - Methotrexate
 - Hydroxychloroquine
 - Leflunomide
 - Azathioprine
 - Sulfasalazine
 - Etanercept (Enbrel®)

- Patient is on concurrent therapy with Anakinra (Kineret®) or other tumor necrosis factor antagonists.
- Patient has active infections or sepsis.
- Patient has not been evaluated using tuberculin skin test.
- Patient has active or latent tuberculosis.
- Patient has active malignancy.

For a diagnosis of moderate to severe chronic Plaque Psoriasis, **Adalimumab (Humira®)** is denied when **any** of the following exclusion criteria is present:

- Patient is less than 18 years old.
- Medication is not being prescribed by a dermatologist.
- Patient does not have at least a 30 day trial and failure with ONE of the following drugs OR contraindication to ALL of the following drugs:
 - Topical Calcipotriene containing products
 - Topical Anthralin
 - Topical Steroids
 - Topical immunomodulators (Elidel®, Protopic®)
 - Topical retinoids
 - Efudex
 - Etanercept (Enbrel®)
- Patient is on concurrent therapy with Anakinra (Kineret®) or other tumor necrosis factor antagonists.
- Patient has active infections or sepsis.
- Patient has not been evaluated using tuberculin skin test.
- Patient has active or latent tuberculosis.
- Patient has active malignancy.

For a diagnosis of Crohn's Disease, **adalimumab (Humira®)** is denied when **any** of the following exclusion criteria is present:

- Patient is less than 18 years old.
- Medication is not being prescribed by a gastroenterologist.
- Patient does not have at least a 30 day trial and failure with Infliximab (Remicade®) OR at least a 30 day trial and failure with one drug from any TWO of the following groups OR contraindication to ALL of the following groups:
 - Corticosteroids: Budesonide (Entocort® EC), Prednisone, Hydrocortisone, Methylprednisolone
 - Aminosalicylates: Sulfasalazine, Mesalamine (Asacol®, Rowasa®, Canasa®, Pentasa®), Olsalazine (Dipentum®), Balsalazide (Colazal™)
 - Immunomodulators: Azathioprine, 6-mercaptopurine, Cyclosporine, Sirolimus (Prograf®), Methotrexate
 - Antibiotics: Metronidazole or Fluoroquinolones
- Patient is on concurrent therapy with Anakinra (Kineret®) or other tumor necrosis factor antagonists.
- Patient has active infections or sepsis.
- Patient has not been evaluated using tuberculin skin test.
- Patient has active or latent tuberculosis.
- Patient has active malignancy.

Policy List of Applicable Drugs	Brand Name	Generic Name
	Humira	adalimumab
Dosing and administration	Refer to the specific manufacturer's prescribing information for administration and dosage details for each specific agent.	
Policy references	<p>American College of Rheumatology Subcommittee on Rheumatoid Arthritis Guidelines. Guidelines for the management of rheumatoid arthritis: 2002 update. [American College of Rheumatology Web site]. Available at: http://www.rheumatology.org/publications/guidelines/raguidelines02.asp?aud=mem. [Link no longer active]</p> <p>American Thoracic Society, Centers for Disease Control and Prevention. Targeted tuberculin testing and treatment of latent tuberculosis infection. Am J Respir Crit Care Med. 2000;161:S221-S247.</p> <p>Barrera P, Joosten LA, den Broeder AA, et al: Effects of treatment with a fully human anti-tumour necrosis factor alpha monoclonal antibody on the local and systemic homeostasis of interleukin 1 and TNFalpha in patients with rheumatoid arthritis. Ann Rheum Dis 2001; 60:660-669.</p> <p>Breedveld FC, Weisman MH, Kavanaugh AF, Cohen SB, Pavelka K, van Vollenhoven R, et al. The PREMIER study: A multicenter, randomized, double-blind clinical trial of combination therapy with adalimumab plus methotrexate versus methotrexate alone or adalimumab alone in patients with early, aggressive rheumatoid arthritis who had not had previous methotrexate treatment. Arthritis Rheum 2006;54(1):26-37.</p> <p>Colombel JF, Sandborn WJ, Rutgeerts P, et al: Adalimumab for maintenance of clinical response and remission in patients with Crohn's disease: the CHARM trial. Gastroenterology 2007; 132(1):52-65.</p> <p>Donahue KE, Gartlehner G, Jonas DE, Lux LJ, Thieda P, Jonas B, Hansen RA, Morgan LC, Williams SC, Lohr KN. Comparative Effectiveness of Drug Therapy for Rheumatoid Arthritis and Psoriatic Arthritis in Adults. Comparative Effectiveness Review No. 11. (Prepared by RTI-University of North Carolina Evidence-based Practice Center under Contract No. 290-02-0016.) Rockville, MD: Agency for Healthcare Research and Quality. November 2007. Available at: http://derp.ohsu.edu/about/final-products.cfm. [Link is no longer active]</p> <p>Firestein GS, Boyle DL, Yu C, et al. Synovial interleukin-1 receptor antagonist and interleukin-1 balance in rheumatoid arthritis. Arthritis Rheum. 1994; 37:644-652.</p> <p>Finckh A, Simard JF, Duryea J, Liang MH, Huang J, Daneel S, et al. The effectiveness of anti-tumor necrosis factor therapy in preventing progressive radiographic joint damage in rheumatoid arthritis: a population-based study. Arthritis Rheum 2006;54(1):54-9.</p> <p>Fries JF, Spitz P, Kraines RG, Holman HR. Measurement of patient outcome in arthritis. Arthritis Rheum. 1980;23(2):137-145.</p> <p>Furst DE, Schiff MH, Fleischmann RM, Strand V, Birbara CA, Compagnone D, et al. Adalimumab, a fully human anti tumor necrosis factor-alpha monoclonal antibody, and concomitant standard antirheumatic therapy for the treatment of rheumatoid arthritis: results of STAR (Safety Trial of Adalimumab in Rheumatoid Arthritis). J Rheumatol 2003;30(12):2563-71.</p> <p>Gartlehner G, Hansen RA, Thieda P, Jonas B, Lohr KN, Carey T. Drug Class Review on Targeted Immunomodulators [Final Report] January 2007. Oregon Health & Science University. Drug Effectiveness Review Project [available at http://derp.ohsu.edu/about/final-products.cfm] [Link is no longer active]</p>	

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Policy link to related policies

Version effective date

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