

PRIOR AUTHORIZATION POLICY

POLICY: Inflammatory Conditions – Adalimumab Products

- Humira® (adalimumab for subcutaneous injection – AbbVie)

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OVERVIEW

Adalimumab products are recombinant human immunoglobulin G1 (IgG1) monoclonal antibodies specific for human tumor necrosis factor (TNF) α .¹ They neutralize the biological activity of TNF α and inhibit binding of TNF α with its receptors. TNF, a naturally occurring cytokine, mediates inflammation and modulates cellular immune responses. Despite approval of biosimilar adalimumab products, the innovator (Humira) is the only adalimumab product commercially available in the US. Humira is indicated for the following uses:

1. Rheumatoid arthritis (RA), to reduce the signs and symptoms, induce major clinical response, inhibit the progression of structural damage, and improve physical function in adult patients with moderately to severely active disease. Humira can be used alone or in combination with methotrexate (MTX) or other conventional synthetic disease-modifying antirheumatic drugs (DMARDs); AND
 2. Juvenile idiopathic arthritis (JIA), for reducing signs and symptoms of moderately to severely active polyarticular disease in patients 2 years of age and older. Humira can be used alone or in combination with MTX; AND
 3. Psoriatic arthritis (PsA), for reducing the signs and symptoms of active arthritis, inhibiting the progression of structural damage, and improving physical function. Humira can be used alone or in combination with conventional synthetic DMARDs; AND
 4. Ankylosing spondylitis (AS), for reducing signs and symptoms in patients with active disease; AND
 5. Plaque psoriasis, for the treatment of adults with moderate to severe chronic disease who are candidates for systemic therapy or phototherapy and when other systemic therapies are medically less appropriate; AND
 6. Crohn's disease:
 - for reducing signs and symptoms and inducing and maintaining clinical remission in adults with moderately to severely active disease who have had an inadequate response to conventional therapy, including for reducing signs and symptoms and inducing clinical remission in these patients if they have also lost response to or are intolerant to Remicade® (infliximab intravenous [IV] infusion); AND
 - for reducing signs and symptoms and inducing and maintaining clinical remission in pediatric patients 6 years of age and older with moderately to severely active disease who have had an inadequate response to corticosteroids or immunomodulators such as azathioprine, 6-mercaptopurine (6-MP), or MTX; AND
 7. Ulcerative colitis (UC), for inducing and sustaining clinical remission of moderately to severely active disease in adults who do not respond to corticosteroids or other immunosuppressive drugs such as azathioprine or 6-mercaptopurine. However, efficacy has not been established in patients with UC who have lost response or were intolerant to another TNF inhibitor (TNFi); AND
 8. Hidradenitis suppurativa (HS), for the treatment of moderate to severe disease in patients \geq 12 years of age; AND
 9. Uveitis, in patients \geq 2 years of age with noninfectious intermediate, posterior, and panuveitis.
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Disease Overview

TNF is a naturally occurring cytokine that mediates inflammation and modulates cellular immune responses. Increased levels of TNF have been implicated in the pathology of inflammatory conditions such as psoriasis, psoriatic arthritis, inflammatory bowel disease, and RA. Increased levels of TNF are found in the synovial fluid of patients with RA, JIA, AS, and PsA; TNF has an important role in both the pathologic inflammation and the joint destruction that are characteristic of this disease. In psoriasis, increased levels of TNF are found in the blood and skin lesions. Adalimumab products binds to TNF α and inhibits binding of TNF α with its receptors.

Guidelines

TNFis feature prominently in guidelines for treatment of inflammatory conditions.

- **Rheumatoid Arthritis:** Guidelines from the American College of Rheumatology (ACR) [2015] have TNF inhibitors and non-TNF biologics, administered with or without MTX, equally positioned as a recommended therapy following a trial of a conventional synthetic DMARD (e.g., MTX, leflunomide, hydroxychloroquine, sulfasalazine).²
 - **Spondyloarthritis:** Guidelines from the Assessment of SpondyloArthritis International Society (ASAS)/EULAR (2016) recommend biologics (e.g., TNFis, Cosentyx) in patients with persistently high disease activity despite traditional conventional treatments (e.g., nonpharmacological management, NSAIDs).³ Purely axial disease should not be treated with conventional synthetic DMARDs. Guidelines from the American College of Rheumatology (ACR) and the Spondyloarthritis Research and Treatment Network (SPARTAN) [2015] recommend TNFis for patients with active disease despite treatment with an NSAID (includes patients with non-radiographic axial [nr-ax]SpA).⁴ Predominantly axial manifestations are not recommended for a conventional synthetic DMARD prior to a TNFi. However, for symptomatic peripheral arthritis, a conventional synthetic DMARD is recommended (preferably sulfasalazine).
 - **Crohn's Disease:** The American College of Gastroenterology (ACG) has guidelines for Crohn's disease (2018).⁵ TNFis are listed as an option for disease that is resistant to corticosteroids, severely active disease, perianal fistulizing disease, and maintenance of remission. In post-operative Crohn's disease, a TNFi should be started within 4 weeks of surgery to prevent recurrence.
 - **Plaque Psoriasis:** Guidelines from the American Academy of Dermatologists (AAD) and National Psoriasis Foundation (NPF) recommend adalimumab as a monotherapy treatment option for adults with moderate to severe disease.⁶
 - **Psoriatic Arthritis:** Guidelines from ACR (2019) recommend TNFis over other biologics for use in treatment-naïve patients with PsA and in those who were previously treated with an oral therapy.⁷
 - **Ulcerative Colitis:** Updated ACG guidelines for UC (2019) note that the following agents can be used for induction of remission in moderately to severely active disease: Uceris tablets; Oral or intravenous systemic corticosteroids Entyvio, Xeljanz, or TNFis (adalimumab, Simponi SC, infliximab).⁸ In addition to the approved indication, clinical guidelines for the management of pouchitis, published in 2009 indicate that first-line therapy for pouchitis is antibiotic therapy (e.g. metronidazole, ciprofloxacin).⁹ Other treatment options include maintenance probiotics, oral or topical budesonide, anti-inflammatory drugs (e.g., mesalamine), or immunosuppressive drugs (e.g., Remicade). A retrospective, open-label, case series demonstrated some efficacy of Humira in patients with pouchitis previously treated with Remicade.¹⁰
 - **Ocular Inflammatory Disorders:** The American Academy of Ophthalmology (AAO) [2014] note that Humira may be used in patients with uveitis due to various causes (e.g., spondyloarthropathy-associated or human leukocyte antigen [HLA]-B27-associated uveitis, JIA-associated uveitis, and
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other posterior uveitides and panuveitis syndromes).¹¹ Humira should be considered second-line in vision-threatening JIA-associated uveitis when MTX has failed or is not tolerated (strong recommendation) and may be used as corticosteroid-sparing treatment for vision-threatening chronic uveitis from seronegative spondyloarthritis (strong recommendation). Humira may also be considered in other patients who have vision-threatening or corticosteroid-dependent disease who have failed first-line therapies. Humira should be considered as a second-line immunomodulatory agent for severe ocular inflammatory conditions including chronic and severe scleritis.

- **Behcet's Disease:** EULAR recommendations (2018) include TNFis for initial or recurrent sight-threatening uveitis.¹² For patients refractory to first-line treatments (e.g., corticosteroids), TNFis are among the treatment options for mucocutaneous manifestations, venous thrombosis, severe or refractory gastrointestinal disease, and recurrent/chronic joint involvement. Recommendations for the use of TNFis in ocular inflammatory disorders from the American Academy of Ophthalmology (AAO) [2014] notes that TNFis may be used first-line in patients with ophthalmic manifestations of Behcet's disease and for acute exacerbations of pre-existing Behcet's disease.¹¹
- **Pyoderma Gangrenosum:** Although guidelines are not current, multiple topical and systemic therapies have been used for pyoderma gangrenosum. Oral prednisone is the most common initial immunosuppressant medication.¹³ Other systemic therapies include cyclosporine, MTX, azathioprine, cyclophosphamide, mycophenolate mofetil, Remicade, Enbrel, and Humira. In case reports, TNFis have been effective.
- **Sarcoidosis:** Recommendations for best practice in the management of pulmonary and systemic sarcoidosis recommend glucocorticoids as first-line therapy.¹⁴ Patients who cannot be weaned to a prednisone-equivalent dose of < 10 mg/day are appropriate candidates for steroid-sparing treatment with cytotoxic agents (e.g., MTX, azathioprine, leflunomide). If these agents fail or cause toxicity, Humira, Remicade, cyclophosphamide, or mycophenolate mofetil are proposed.

Safety

Adalimumab products have Boxed Warnings concerning risks of serious infection and the risk of malignancy.¹ Prior to initiating therapy, patients should be evaluated for active tuberculosis (TB) infection; periodically during therapy, patients should be assessed for latent TB infection. Patients should also be monitored for signs and symptoms of infection during and after treatment with an adalimumab product, and if a serious infection or sepsis develops, discontinue therapy. Lymphoma and other malignancies have been reported in children and adolescents taking TNFis. There have also been reports of hepatosplenic T-cell lymphoma in adolescent and young adults treated with TNFis such as adalimumab products.

POLICY STATEMENT

Prior authorization is recommended for prescription benefit coverage of adalimumab products. Because of the specialized skills required for evaluation and diagnosis of patients treated with adalimumab products as well as the monitoring required for adverse events (AEs) and long-term efficacy, initial approval requires the agent to be prescribed by or in consultation with a physician who specializes in the condition being treated. All approvals are for the duration noted below.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of adalimumab products [Humira] is recommended in those who meet one the following criteria:

FDA-Approved Indications

1. **Rheumatoid Arthritis (RA).** Approve for the duration noted if the patient meets ONE of the following (A or B):
 - A) **Initial Therapy.** Approve for 3 months if the patient meets BOTH of the following criteria (i and ii):
 - i. The patient has tried ONE conventional synthetic disease-modifying antirheumatic drug (DMARD) for at least 3 months (e.g., methotrexate [oral or injectable], leflunomide, hydroxychloroquine, and sulfasalazine).
NOTE: An exception to the requirement for a trial of one conventional synthetic DMARD can be made if the patient has already has a 3-month trial at least one biologic (e.g., Cimzia [certolizumab pegol SC injection], an etanercept product [e.g., Enbrel], an infliximab product [e.g., Remicade, Renflexis, Inflectra], Simponi [golimumab SC injection], Simponi Aria [golimumab IV infusion], Actemra [tocilizumab IV infusion; tocilizumab SC injection], Kevzara [sarilumab SC injection], Kineret [anakinra SC injection], Orencia [abatacept IV infusion; abatacept SC injection], and a rituximab product [e.g., Rituxan]. These patients who have already tried a biologic for RA are not required to “step back” and try a conventional synthetic DMARD); AND
 - ii. The adalimumab product is prescribed by or in consultation with a rheumatologist.
 - B) **Patients Currently Receiving an Adalimumab Product.** Approve for 3 years if the patient has had a response (e.g., less joint pain, morning stiffness, or fatigue; improved function or activities of daily living; decreased soft tissue swelling in joints or tendon sheaths; improved laboratory values; reduced dosage of corticosteroids), as determined by the prescriber. The patient may not have a full response, but there should have been a recent or past response to an adalimumab product.
2. **Ankylosing Spondylitis (AS).** Approve for the duration noted if the patient meets ONE of the following (A or B):
 - A) **Initial Therapy.** Approve for 3 months if prescribed by or in consultation with a rheumatologist.
 - B) **Patients Currently Receiving an Adalimumab Product.** Approve for 3 years if the patient has had a response (e.g., decreased pain or stiffness, improved function or activities of daily living), as determined by the prescriber. The patient may not have a full response, but there should have been a recent or past response to an adalimumab product.
3. **Crohn’s Disease.** Approve for the duration noted if the patient meets ONE of the following (A or B):
 - A) **Initial Therapy.** Approve for 3 months if the patient meets the following criteria (i, ii, and iii):
 - i. The patient is ≥ 6 years of age; AND
 - ii. The patient meets ONE of the following conditions (a, b, c, or d):
 - a) Patient has tried or is currently taking corticosteroids, or corticosteroids are contraindicated in this patient (Note: Examples of corticosteroids are prednisone, methylprednisolone); OR
 - b) Patient has tried one other agent for Crohn’s disease (e.g., azathioprine, 6-mercaptopurine, methotrexate [MTX]).

NOTE: A previous trial of a biologic (e.g., Cimzia [certolizumab pegol SC injection], Entyvio [vedolizumab IV infusion], infliximab product [e.g., Remicade, Inflectra, Renflexis], or Stelara [ustekinumab IV infusion, ustekinumab SC injection] also counts as a trial of one other agent for Crohn's disease; OR

- c) The patient has enterocutaneous (perianal or abdominal) or rectovaginal fistulas; OR
- d) The patient has had ileocolonic resection (to reduce the chance of Crohn's disease recurrence); AND

iii. The adalimumab product is prescribed by or in consultation with a gastroenterologist.

B) Patients Currently Receiving an Adalimumab Product. Approve for 3 years if the patient has had a response, as determined by the prescriber. The patient may not have a full response, but there should have been a recent or past response to an adalimumab product.

4. Juvenile Idiopathic Arthritis (JIA) [or juvenile rheumatoid arthritis {JRA}] (regardless of type of onset) [Note: This includes patients with juvenile spondyloarthritis/active sacroiliac arthritis]. Approve for the duration noted if the patient meets ONE of the following (A or B):

A) Initial Therapy. Approve for 3 months if the patient meets the following criteria (i and ii):

i. The patient meets ONE of the following conditions (a, b, c, or d):

- a) The patient has tried one other agent for this condition (e.g., methotrexate [MTX], sulfasalazine, leflunomide, or a nonsteroidal anti-inflammatory drug [NSAID] {e.g., ibuprofen, naproxen}).

NOTE: A previous trial of a biologic (e.g., an etanercept product [e.g., Enbrel], an infliximab product [e.g., Remicade, Renflexis, Inflectra], Actemra [tocilizumab IV infusion, tocilizumab SC injection], Kineret [anakinra SC injection], Orencia [abatacept IV infusion, abatacept SC injection]) also counts as a trial of one agent for JIA; OR

- b) The patient will be starting on an adalimumab product concurrently with methotrexate (MTX), sulfasalazine, or leflunomide; OR
- c) The patient has an absolute contraindication to methotrexate (MTX) [e.g., pregnancy, breast feeding, alcoholic liver disease, immunodeficiency syndrome, blood dyscrasias], sulfasalazine, or leflunomide; OR
- d) The patient has aggressive disease, as determined by the prescribing physician; AND

ii. The adalimumab product is prescribed by or in consultation with a rheumatologist.

B) Patients Currently Receiving an Adalimumab Product. Approve for 3 years if the patient has had a response (e.g., has improvement in limitation of motion; less joint pain or tenderness; decreased duration of morning stiffness or fatigue; improved function or activities of daily living; reduced dosage of corticosteroids), as determined by the prescriber. The patient may not have a full response, but there should have been a recent or past response to an adalimumab product.

5. Hidradenitis Suppurativa. Approve for the duration noted if the patient meets ONE of the following (A or B):

A) Initial Therapy. Approve for 3 months if the patients meets BOTH of the following (i and ii):

i. The patient has tried ONE other therapy (e.g., intralesional or oral corticosteroids [such as triamcinolone, prednisone], systemic antibiotics [for example, clindamycin, dicloxacillin, erythromycin], isotretinoin); AND

ii. The adalimumab product is prescribed by or in consultation with a dermatologist.

B) Patients Currently Receiving an Adalimumab Product. Approve for 3 years if the patient has had a response, as determined by the prescriber. The patient may not have a full response, but there should have been a recent or past response to an adalimumab product.

- 6. Plaque Psoriasis.** Approve for the duration noted if the patient meets ONE of the following (A or B):
- A) Initial Therapy. Approve for 3 months if the patient meets the following criteria (i, ii, and iii):
- i. The patient is an adult greater than or equal to 18 years of age; AND
 - ii. The patient meets ONE of the following conditions (a or b):
 - a) The patient has tried at least at least one traditional systemic agent for psoriasis (e.g., methotrexate [MTX], cyclosporine, acitretin tablets, or psoralen plus ultraviolet A light [PUVA]) for at least 3 months, unless intolerant.
NOTE: An exception to the requirement for a trial of one traditional systemic agent for psoriasis can be made if the patient has already has a 3-month trial or previous intolerance to at least one biologic (e.g., Cimzia [certolizumab pegol SC injection], an etanercept product [e.g., Enbrel], an infliximab product [e.g., Remicade, Renflexis, Inflectra], Cosentyx[®] [secukinumab SC injection], Ilumya [tildrakizumab SC injection], Siliq [brodalumab SC injection], Stelara [ustekinumab SC injection], Taltz [ixekizumab SC injection], or Tremfya [guselkumab SC injection]). These patients who have already tried a biologic for psoriasis are not required to “step back” and try a traditional systemic agent for psoriasis); OR
 - b) The patient has a contraindication to methotrexate (MTX), as determined by the prescribing physician; AND
 - iii. The adalimumab product is prescribed by or in consultation with a dermatologist.
- B) Patients Currently Receiving an Adalimumab Product. Approve for 3 years if the patient has had a response, as determined by the prescriber. The patient may not have a full response, but there should have been a recent or past response to an adalimumab product.
- 7. Psoriatic Arthritis (PsA).** Approve for the duration noted if the patient meets ONE of the following (A or B):
- A) Initial Therapy. Approve for 3 months if prescribed by or in consultation with a rheumatologist or a dermatologist.
- B) Patients Currently Receiving an Adalimumab Product. Approve for 3 years if the patient has had a response (e.g., less joint pain, morning stiffness, or fatigue; improved function or activities of daily living; decreased soft tissue swelling in joints or tendon sheaths; improvements in acute phase reactants [for example, C-reactive protein {CRP}]), as determined by the prescriber. The patient may not have a full response, but there should have been a recent or past response to an adalimumab product.
- 8. Ulcerative Colitis in an Adult.** Approve for the duration noted if the patient meets ONE of the following (A or B):
- A) Initial Therapy. Approve for 3 months if the patient meets the following criteria (i and ii):
- i. The patient meets ONE of the following conditions (a or b):
 - a) The patient has had a trial of one systemic agent (e.g., 6-mercaptopurine, azathioprine, cyclosporine, tacrolimus, or a corticosteroid such as prednisone or methylprednisolone) or was intolerant to one of these agents for ulcerative colitis.
NOTE: A previous trial of a biologic (e.g., an infliximab product [e.g., Remicade, Renflexis, Inflectra], Simponi SC [golimumab SC injection], or Entyvio [vedolizumab IV infusion] also counts as a trial of one systemic agent for UC); OR
 - b) The patient has pouchitis AND has tried therapy with an antibiotic (e.g., metronidazole, ciprofloxacin), probiotic, corticosteroid enema (e.g., hydrocortisone enema [Cortenema[®], generics]), or Rowasa[®] (mesalamine) enema; AND
 - ii. The adalimumab product is prescribed by or in consultation with a gastroenterologist.
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B) Patients Currently Receiving an Adalimumab Product. Approve for 3 years if the patient has had a response (e.g., decreased stool frequency or rectal bleeding), as determined by the prescriber. The patient may not have a full response, but there should have been a recent or past response to an adalimumab product.

9. Uveitis (including other posterior uveitides and panuveitis syndromes). Approve for the duration noted if the patient meets ONE of the following (A or B):

A) Initial Therapy. Approve for 3 months if the patient meets the following criteria (i and ii):

i. The patient has tried ONE of the following therapies: periocular, intraocular, or systemic corticosteroids [for example, triamcinolone, betamethasone, methylprednisolone, prednisone] or immunosuppressives (e.g., methotrexate [MTX], mycophenolate mofetil, cyclosporine, azathioprine, and cyclophosphamide) for this condition.

NOTE: An exception to the requirement for a trial of one of these therapies can be made if the patient has already had a trial of an etanercept product [e.g., Enbrel] or an infliximab product [e.g., Remicade, Renflexis, Inflectra] for uveitis. These patients who have already tried a biologic for uveitis are not required to try a another agent; AND

ii. The adalimumab product is prescribed by or in consultation with an ophthalmologist.

B) Patients Currently Receiving an adalimumab product. Approve for 3 years if the patient has had a response, as determined by the prescriber. The patient may not have a full response, but there should have been a recent or past response to an adalimumab product.

Other Uses with Supportive Evidence

10. Behcet’s Disease. Approve for 1 year if the patient meets ONE of the following criteria (A or B):

A) The patient meets BOTH of the following (i and ii):

i. The patient meets ONE of the following conditions (a or b):

a) The patient has tried at least ONE conventional therapy (e.g., systemic corticosteroids [for example, methylprednisolone], immunosuppressants [for example, azathioprine, methotrexate {MTX}, mycophenolate mofetil, cyclosporine, tacrolimus, Leukeran[®] [chlorambucil], cyclophosphamide, interferon alfa); OR

NOTE: An exception to the requirement for a trial of one conventional therapy can be made if the patient has already had a trial of at least one tumor necrosis factor inhibitor (e.g., an etanercept product [e.g., Enbrel] or an infliximab product [e.g., Remicade, Renflexis, Inflectra]). These patients who have already tried a biologic for Behcet’s disease are not required to “step back” and try a conventional therapy.

b) The patient has ophthalmic manifestations of Behcet’s disease; AND

ii. The adalimumab product is prescribed by or in consultation with a rheumatologist, dermatologist, ophthalmologist, gastroenterologist, or neurologist.

B) The patient is currently established on an adalimumab product for \geq 90 days and has responded to therapy, as determined by the prescriber.

11. Pyoderma Gangrenosum. Approve for 1 year if the patient meets ONE of the following criteria (A or B):

A) The patient meets BOTH of the following (i and ii):

i. The patient meets ONE of the following conditions (a or b):

a) The patient has tried one systemic corticosteroid (e.g., prednisone); OR

b) The patient has tried one other immunosuppressant (e.g., mycophenolate mofetil, cyclosporine) for at least 2 months or was intolerant to one of these agents; AND

ii. The agent is prescribed by or in consultation with a dermatologist.

- B) The patient is currently established on an adalimumab product for ≥ 90 days and has responded to therapy, as determined by the prescriber.

12. Sarcoidosis. Approve for 1 year if the patient meets ONE of the following (A or B):

- A) The patient meets ALL of the following (i, ii, and iii):
 - i. Patient has tried at least ONE corticosteroid for this condition (e.g., prednisone); AND
 - ii. Patient has tried at least one immunosuppressive agent (e.g., methotrexate [MTX], azathioprine, cyclosporine, Leukeran, leflunomide, cyclophosphamide, mycophenolate mofetil), Remicade (infliximab IV infusion), chloroquine, or Thalomid[®] (thalidomide capsules); AND
 - iii. The agent is prescribed by or in consultation with a pulmonologist, ophthalmologist, or dermatologist.
- B) The patient is currently established on an adalimumab product for ≥ 90 days and has responded to therapy, as determined by the prescriber.

13. Scleritis or Sterile Corneal Ulceration. Approve for 1 year if the patient meets ONE of the following criteria (A or B):

- A) The patient meets BOTH of the following (i and ii):
 - i. The patient has tried ONE other therapy for this condition (e.g., oral non-steroidal anti-inflammatory drugs [NSAIDs] such as indomethacin, naproxen, or ibuprofen; oral, topical [ophthalmic] or IV corticosteroids [such as prednisone, prednisolone, methylprednisolone]; methotrexate [MTX]; cyclosporine; or other immunosuppressants); AND
 - ii. The agent is prescribed by or in consultation with an ophthalmologist.
- B) The patient is currently established on an adalimumab product for ≥ 90 days and has responded to therapy, as determined by the prescriber.

14. Spondyloarthritis (SpA), Other Subtypes (e.g., undifferentiated arthritis, non-radiographic axial SpA, Reactive Arthritis [Reiter's disease], arthritis associated with inflammatory bowel disease [IBD]) [NOTE: For AS or PsA, refer to the respective criteria under FDA-approved indications]. Approve for the duration noted if the patient meets ONE of the following (A or B):

- A) Initial Therapy. Approve for 3 months if the patient meets BOTH of the following (i and ii):
 - i. The patient meets one of the following conditions (a or b):
 - a) The patient has arthritis primarily in the knees, ankles, elbows, wrists, hands, and/or feet AND has tried at least ONE conventional synthetic disease-modifying antirheumatic drug (DMARD) [e.g., methotrexate {MTX}, leflunomide, sulfasalazine] has been tried; OR
 - b) The patient has axial spondyloarthritis AND has objective signs of inflammation, defined as at least one of the following [(1) or (2)]:
 - (1) C-reactive protein (CRP) elevated beyond the upper limit of normal for the reporting laboratory; OR
 - (2) Sacroiliitis reported on magnetic resonance imaging (MRI); AND
 - ii. The agent is prescribed by or in consultation with a rheumatologist.
 - B) Patients Currently Receiving an Adalimumab Product. Approve for 1 year if the patient has had a response (e.g., decreased pain or stiffness, improved function or activities of daily living), as determined by the prescriber. The patient may not have a full response, but there should have been a recent or past response to an adalimumab product.
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CONDITIONS NOT RECOMMENDED FOR APPROVAL

Humira has not been shown to be effective, or there are limited or preliminary data or potential safety concerns that are not supportive of general approval for the following conditions. Rationale for non-coverage for these specific conditions is provided below. (Note: This is not an exhaustive list of Conditions Not Recommended for Approval.)

- 1. Concurrent Use with a Biologic or with a Targeted Synthetic Disease-Modifying Antirheumatic Drug (DMARD).** An adalimumab product should not be administered in combination with another biologic or with a targeted synthetic DMARD used for an inflammatory condition (see [APPENDIX](#) for examples). Combination therapy is generally not recommended due to a potentially higher rate of AEs with combinations and lack of data supportive of additional efficacy.¹⁵⁻¹⁶ **Note:** This does NOT exclude the use of conventional synthetic DMARDs (e.g., MTX, leflunomide, hydroxychloroquine, and sulfasalazine) in combination with an adalimumab product.
- 2. Polymyalgia Rheumatica (PMR).** EULAR/ACR guidelines for the management of PMR (2015) strongly recommend against the use of TNFis for treatment of PMR.¹⁷ This recommendation is based on lack of evidence for benefit as well as considerable potential for potential harm.
- 3. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria.** Criteria will be updated as new published data are available.

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HISTORY

Type of Revision	Summary of Changes*	TAC Approval Date
Annual revision	<p>Patients Established on Humira: Remove this criterion for patients currently established on Humira for ≥ 90 days. Patients currently taking are now addressed in the criteria section for each specific indication.</p> <ul style="list-style-type: none"> • Add a requirement that the patient must have responded to initial therapy for the following indications: Behcet’s disease, pyoderma gangrenosum, sarcoidosis, scleritis or sterile corneal ulcerations, and SpA. <p>Crohn’s Disease: Move requirement that the patient be 6 years of age or older into the criteria section for initial therapy. Previously, age was listed as part of the diagnosis (i.e., listed as Crohn’s disease in a patient ≥ 6 years of age).</p> <p>Previous Therapies: For these indications, add the following agents to the list of therapies the patient may have tried prior to adalimumab:</p> <ul style="list-style-type: none"> • PsO: Cimzia, Illumya • JIA: Actemra SC <p>Behcet’s disease: Modify criteria to change previous therapy from biologic to more specifically say TNFi.</p> <p>Other: Policy name was changed to Inflammatory Conditions – Adalimumab Products. Throughout the policy, references to Humira were reworded to say adalimumab products.</p>	11/07/2018
Selected revision	<p>Ulcerative colitis: For the requirement that another agent be tried prior to adalimumab, remove the requirement that the trial is a duration of at least 2 months (not supported in updated guidelines).</p>	03/27/2019
Selected revision	<p>Spondyloarthritis (SpA), Other Subtypes: This off-label approval condition was reworded (previously listed as Spondyloarthritis, Subtypes Other than Ankylosing Spondylitis or Psoriatic Arthritis). There is a note which directs to criteria for FDA-approved subtypes of SpA (AS, PsA). Criteria were changed to approve for 3 months for patients starting therapy (previously was 1 year). For patients with primarily axial disease, a criterion was added to require objective signs of inflammation, defined as C-reactive protein (CRP) elevated beyond the upper limit of normal for the reporting laboratory or sacroiliitis reported on magnetic resonance imaging. For patients currently receiving therapy, examples of a response to therapy were added; the requirement that patients be on an adalimumab product for ≥ 90 days was removed.</p>	04/24/2019

* For a further summary of criteria changes, refer to respective TAC minutes available at: <http://esidepartments/sites/Dep043/Committees/TAC/Forms/AllItems.aspx>; TAC – Therapeutic Assessment Committee; UC – Ulcerative colitis; CD – Crohn’s disease; DMARD – Disease-modifying antirheumatic drug; DEU – Drug Evaluation Unit; PJIA – Polyarticular juvenile idiopathic arthritis; NA – Not applicable; RA – Rheumatoid arthritis; SpA – Spondyloarthritis; PMR – Polymyalgia rheumatic; MTX – Methotrexate.

APPENDIX

Brand (generic name)	Mechanism of Action
Cimzia [®] (certolizumab pegol SC injection)	Inhibition of TNF
Enbrel [®] (etanercept SC injection)	Inhibition of TNF
Erelzi [™] (etanercept-szszs SC injection)	Inhibition of TNF
Humira [®] (adalimumab SC injection)	Inhibition of TNF
Amjevita [®] (adalimumab-atto SC injection)	Inhibition of TNF
Cyltezo [®] (adalimumab-adbm SC injection)	Inhibition of TNF
Simponi [®] (golimumab SC injection)	Inhibition of TNF
Simponi [®] Aria [™] (golimumab IV infusion)	Inhibition of TNF
Remicade [®] (infliximab IV infusion)	Inhibition of TNF
Inflectra [™] (infliximab-dyyb IV infusion)	Inhibition of TNF
Renflexis [®] (infliximab-abda IV infusion)	Inhibition of TNF
Actemra [®] (tocilizumab IV infusion)	Inhibition of IL-6
Actemra [®] (tocilizumab SC injection)	Inhibition of IL-6
Kevzara [®] (sarilumab SC injection)	Inhibition of IL-6
Orencia [®] (abatacept IV infusion)	T-cell costimulation modulator
Orencia [®] (abatacept SC injection)	T-cell costimulation modulator
Rituxan [®] (rituximab IV infusion)	CD20-directed cytolytic antibody
Truxima [®] (rituximab-abbs IV injection)	CD20-directed cytolytic antibody
Kineret [®] (anakinra SC injection)	Inhibition of IL-1
Stelara [®] (ustekinumab SC injection)	Inhibition of IL-12/23
Stelara [®] (ustekinumab IV infusion)	Inhibition of IL-12/23
Siliq [™] (brodalumab SC injection)	Inhibition of IL-17
Cosentyx [™] (secukinumab SC injection)	Inhibition of IL-17A
Taltz [®] (ixekizumab SC injection)	Inhibition of IL-17A
Ilumya [™] (tildrakizumab-asmn SC injection)	Inhibition of IL-23
Skyrizi [™] (risankizumab SC injection)	Inhibition of IL-23
Tremfya [™] (guselkumab SC injection)	Inhibition of IL-23
Entyvio [™] (vedolizumab IV infusion)	Integrin receptor antagonist
Otezla [®] (apremilast tablets)	Inhibition of PDE4
Olumiant [®] (baricitinib tablets)	Inhibition of the JAK pathways
Xeljanz [®] , Xeljanz XR (tofacitinib tablets, tofacitinib extended-release tablets)	Inhibition of the JAK pathways

SC – Subcutaneous; TNF – Tumor necrosis factor; IV – Intravenous, IL – Interleukin; PDE4 – Phosphodiesterase 4; JAK – Janus kinase.