

Clinical Policy: Adalimumab (Humira)

Reference Number: ERX.SPMN.174

Effective Date: 10/2016

Last Review Date: 12/2016

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Policy/Criteria

It is the policy of health plans affiliated with Envolve Pharmacy Solutions™ that adalimumab (Humira®) is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Rheumatoid Arthritis (must meet all):

1. Prescribed by or in consultation with a rheumatologist;
2. Age \geq 18 years;
3. Diagnosis of moderately to severely active rheumatoid arthritis (RA) and one or more of the following:
 - a. At least five inflamed joints;
 - b. Elevation in the erythrocyte sedimentation rate (ESR) and/or serum C-reactive protein (CRP) concentration;
 - c. Positive rheumatoid factor and/or anticyclic citrullinated peptide (CCP) antibodies (present in most patients);
 - d. Evidence of inflammation on plain radiography of the hands, wrists, or feet, such as osteopenia and/or periarticular swelling;
4. Member has failed one of the following therapies unless intolerant or contraindicated:
 - a. A biologic for RA other than Humira;
 - b. Methotrexate (MTX) for \geq 3 consecutive months;
 - c. If intolerance or contraindication to MTX, sulfasalazine or leflunomide for \geq 3 consecutive months;
5. Prescribed dosage regimen of Humira does not exceed 40 mg subcutaneous (SC) every week.

Approval duration: 6 months

B. Polyarticular Juvenile Idiopathic Arthritis (must meet all):

1. Prescribed by or in consultation with a rheumatologist;
2. Age \geq 2 years;
3. Diagnosis of moderately to severely active polyarticular juvenile idiopathic arthritis (PJIA);
4. Member has failed one of the following therapies unless intolerant or contraindicated:
 - a. A biologic for PJIA other than Humira;
 - b. MTX for \geq 3 consecutive months;
 - c. If intolerance or contraindication to MTX, sulfasalazine or leflunomide for \geq 3 consecutive months;
5. Prescribed dosage regimen of Humira does not exceed 40 mg SC every other week.

Approval duration: 6 months

C. Psoriatic Arthritis (must meet all):

1. Prescribed in consultation with a dermatologist or rheumatologist;
2. Age \geq 18 years;
3. Diagnosis of active psoriatic arthritis (PsA);
4. Member has failed one of the following therapies unless intolerant or contraindicated:
 - a. A biologic for PsA other than Humira;
 - b. Methotrexate (MTX) for \geq 3 consecutive months;
 - c. If intolerance or contraindication to MTX, sulfasalazine, leflunomide, cyclosporine, or azathioprine, for \geq 3 consecutive months
5. Prescribed dosage regimen of Humira does not exceed 40 mg SC every other week.

Approval duration: 6 months

D. Ankylosing Spondylitis (must meet all):

1. Prescribed by or in consultation with a rheumatologist;
2. Age \geq 18 years;
3. Diagnosis of active ankylosing spondylitis (AS);
4. Member has failed one of the following therapies unless intolerant or contraindicated:
 - a. A biologic for AS other than Humira;
 - b. Two or more non-steroidal anti-inflammatory drugs (NSAIDs) at maximum tolerated doses, each for \geq 4 weeks;
5. Prescribed dosage regimen of Humira does not exceed 40 mg SC every other week.

Approval duration: 6 months

E. Crohn's Disease (must meet all):

1. Prescribed by or in consultation with a gastroenterologist;
2. Age \geq 6 years;
3. Diagnosis of moderately to severely active Crohn's disease (CD) and (a or b):
 - a. Has one of the following poor prognostic indicators for CD:
 - i. Age $<$ 18 years;
 - ii. Perianal disease;
 - iii. Upper gastrointestinal tract involvement;
 - iv. Multiple extra-intestinal manifestations;
 - v. Active tobacco use;
 - vi. Perforating (i.e., fistulizing) disease;
 - b. Member has failed one of the following therapies unless intolerant or contraindicated:
 - i. A biologic for CD other than Humira;
 - ii. An immunomodulator (e.g., azathioprine, 6-mercaptopurine [6-MP], MTX), for \geq 3 consecutive months;
4. After initial dosage regimen, prescribed maintenance dose does not exceed 40 mg SC every other week.

Approval duration: 6 months

F. Ulcerative Colitis (must meet all):

1. Prescribed by or in consultation with a gastroenterologist;
2. Age \geq 18 years;
3. Diagnosis of moderately to severely active ulcerative colitis (UC);
4. Member has failed one of the following therapies unless intolerant or contraindicated:
 - a. A biologic for UC other than Humira;
 - b. An immunomodulator (e.g., azathioprine, 6MP, MTX) for \geq 3 consecutive months;
5. After initial dosage regimen, prescribed maintenance dose does not exceed 40 mg SC every other week.

Approval duration: 2 months

G. Plaque Psoriasis (must meet all):

1. Prescribed by or in consultation with a dermatologist or rheumatologist;
2. Age \geq 18 years;
3. Diagnosis of moderate to severe chronic plaque psoriasis (PsO) and one of the following (a or b):
 - a. Greater than 5% of body surface area is affected;
 - b. Involvement of palms, soles, face/neck, body folds, or genitalia;
4. Member has failed phototherapy and a topical therapy (e.g., calcipotriene, coal tar preparations, medium-to-high potency corticosteroids, anthralin, tazarotene);
5. Member has failed one of the following therapies unless intolerant or contraindicated:
 - a. A biologic for PsO other than Humira;
 - b. One or more systemic therapies (e.g., MTX, cyclosporine, acitretin, thioguanine) for \geq 3 consecutive months;
6. After initial dosage regimen, prescribed maintenance dose does not exceed 40 mg SC every other week.

Approval duration: 6 months

H. Hidradenitis Suppurativa (must meet all):

1. Prescribed by or in consultation with a dermatologist;
2. Age \geq 18 years;
3. Diagnosis of moderate or severe hidradenitis suppurativa (HS) defined as (a or b):
 - a. Moderate disease: Hurley stage II (recurrent abscesses, with sinus tracts and scarring, presenting as single or multiple widely separated lesions);
 - b. Severe disease: Hurley stage III (diffuse or near-diffuse involvement presenting as multiple interconnected tracts and abscesses across an entire area);
4. After initial dosage regimen, prescribed maintenance dose does not exceed 40 mg SC every week.

Approval duration: 6 months

I. Uveitis (must meet all):

1. Prescribed by or in consultation with an ophthalmologist;

2. Age \geq 18 years;
3. Diagnosis of non-infectious intermediate, posterior, or panuveitis;
4. A trial of other local or systemic therapies such as corticosteroids, methotrexate, azathioprine, mycophenolate, cyclosporine, tacrolimus, or cyclophosphamide have proven inadequate or are inappropriate given disease and/or individual characteristics;
5. After initial dosage regimen, prescribed maintenance dose does not exceed 40 mg SC every other week.

Approval duration: 6 months

J. Other diagnoses/indications: Refer to ERX.SPMN.16 - Global Biopharm Policy

II. Continued Approval

A. For all indications (must meet all):

1. Currently receiving medication via health plan benefit or member has previously met all initial approval criteria;
2. Member is responding positively to therapy;
3. Prescribed regimen does not exceed the following:
 - a. For RA, HS: 40 mg every week;
 - b. For PIJA, CD, UC, PsA, AS, PsO, uveitis: 40 mg every other week.

Approval duration: 12 months

B. Other diagnoses/indications (must meet 1 or 2):

1. Currently receiving medication via health plan benefit and documentation supports positive response to therapy; or
2. Refer to ERX.SPMN.16 - Global Biopharm Policy.

Background

Description/Mechanism of Action:

Humira (adalimumab) is a recombinant human IgG1 monoclonal antibody specific for human tumor necrosis factor (TNF). Adalimumab binds specifically to TNF-alpha and blocks its interaction with the p55 and p75 cell surface TNF receptors. Adalimumab also lyses surface TNF expressing cells in vitro in the presence of complement. Adalimumab does not bind or inactivate lymphotoxin (TNF-beta). TNF is a naturally occurring cytokine that is involved in normal inflammatory and immune responses. Elevated levels of TNF are found in the synovial fluid of patients with RA, JIA, PsA, and AS and play an important role in both the pathologic inflammation and the joint destruction that are hallmarks of these diseases. Increased levels of TNF are also found in psoriasis plaques. In Ps, treatment with Humira may reduce the epidermal thickness and infiltration of inflammatory cells. The relationship between these pharmacodynamic activities and the mechanism(s) by which Humira exerts its clinical effects is unknown. Adalimumab also modulates biological responses that are induced or regulated by TNF, including changes in the levels of adhesion molecules responsible for leukocyte migration (ELAM-1, VCAM-1, and ICAM-1 with an IC_{50} of $1-2 \times 10^{-10}M$).

Formulations

Pen-injector Kit, Subcutaneous [preservative free]:

Humira Pen: 40 mg/0.8 mL (1 ea) [contains polysorbate 80]

Humira Pen-Crohn's Starter: 40 mg/0.8 mL (1 ea) [contains polysorbate 80]

Humira Pen-Psoriasis Starter: 40 mg/0.8 mL (1 ea) [contains polysorbate 80]

Prefilled Syringe Kit, Subcutaneous [preservative free]:

Humira: 10 mg/0.2 mL (1 ea); 20 mg/0.4 mL (1 ea); 40 mg/0.8 mL (1 ea) [contains polysorbate 80]

Humira Pediatric Crohn's Starter: 40 mg/0.8 mL (1 ea) [contains polysorbate 80]

FDA Approved Indications:

Humira is a tumor necrosis factor (TNF) blocker/subcutaneous formulation indicated for:

- Rheumatoid arthritis (RA)
 - Reducing signs and symptoms, inducing major clinical response, inhibiting the progression of structural damage, and improving physical function in adult patients with moderately to severely active rheumatoid arthritis.
 - Humira can be used alone or in combination with methotrexate or other non-biologic disease-modifying anti-rheumatic drugs (DMARDs).
- Juvenile idiopathic arthritis (JIA)
 - Reducing signs and symptoms of moderately to severely active polyarticular JIA in patients ≥ 2 .
 - Humira can be used alone or in combination with methotrexate.
- Psoriatic arthritis (PsA)
 - Reducing signs and symptoms, inhibiting the progression of structural damage, and improving physical function in adult patients with active psoriatic arthritis.
 - Humira can be used alone or in combination with non-biologic DMARDs.
- Ankylosing spondylitis (AS)
 - Reducing signs and symptoms in adult patients with active ankylosing spondylitis.
- Adult Crohn's disease (CD)
 - Reducing signs and symptoms and inducing and maintaining clinical remission in adult patients with moderately to severely active Crohn's disease who have had an inadequate response to conventional therapy. Humira is indicated for reducing signs and symptoms and inducing clinical remission in these patients if they have also lost response to or are intolerant to infliximab.
- Pediatric Crohn's disease (CD)
 - Reducing signs and symptoms and inducing and maintaining clinical remission in pediatric patients 6 years of age and older with moderately to severely active Crohn's disease who have had an inadequate response to corticosteroids or immunomodulators such as azathioprine, 6-mercaptopurine, or methotrexate.
- Ulcerative colitis (UC)
 - Inducing and sustaining clinical remission in adult patients with moderately to severely active ulcerative colitis who have had an inadequate response to immunosuppressants such as corticosteroids, azathioprine or 6-mercaptopurine (6-MP). The effectiveness of

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Humira has not been established in patients who have lost response to or were intolerant to TNF blockers.

- Plaque psoriasis (PsO)
 - Treatment of adult patients with moderate to severe chronic plaque psoriasis who are candidates for systemic therapy or phototherapy, and when other systemic therapies are medically less appropriate. Humira should only be administered to patients who will be closely monitored and have regular follow-up visits with a physician.
- Hidradenitis suppurativa (HS)
 - Treatment of moderate to severe hidradenitis suppurativa.
- Uveitis
 - Treatment of non-infectious intermediate, posterior and panuveitis in adult patients.

Appendices

Appendix A: Abbreviation Key

AS: ankylosing spondylitis

CCP: citrullinated peptide

CD: Crohn's disease

CRP: C-reactive protein

DMARD: disease modifying antirheumatic drug

ESR: erythrocyte sedimentation rate

MTX: methotrexate

PJIA: polyarticular juvenile idiopathic arthritis

PsA: psoriatic arthritis

PsO: psoriasis

RA: rheumatoid arthritis

SC: subcutaneous

TB: tuberculosis

TNF: tumor necrosis factor

UC: ulcerative colitis

Coding Implications

Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS Codes	Description
J0135	Injection, adalimumab, 20 mg

Reviews, Revisions, and Approvals	Date	Approval Date
Policy split from USS.SPMN.24 Irritable Bowel Disease (IBD) Treatments, USS.SPMN.41 Psoriasis Treatments, and USS.SPMN.44 Rheumatoid Arthritis and Ankylosing Spondylitis Treatments. Converted to new template. Added new indications: hidradenitis suppurativa and uveitis. Removed all safety criteria. Adding dosing criteria per PI. Modified approval duration to 6 months for initial and 12 months for re-auth with the exception of UC which is 2 months (time to clinical remission per PI) and 12 months. -Uveitis: per the 2014 Levy-Clarke et al expert panel recommendations, Humira may be used as a steroid sparing strategy or earlier in the course of	08/16	09/16

Reviews, Revisions, and Approvals	Date	Approval Date
<p>disease depending on underlying cause, presentation, and patient characteristics; therefore, criteria provides information about other therapies but does not require that they be tried first. List of other therapies informed by UpToDate.</p> <p>-HS: added staging criteria informed by PI clinical trials, European guidelines, and UpToDate.</p> <p>-AS: removed question related to axial vs peripheral disease; removed requirement for trial of methotrexate or sulfasalazine.</p> <p>-PJIA: removed question related to number of affected joints as development of arthritis in > 4 joints is required for the diagnosis; modified criteria to require trial of methotrexate, unless contraindicated; added sulfasalazine as an alternative to methotrexate if methotrexate is contraindicated.</p> <p>-RA: added age requirement per PI; modified criteria to require trial of methotrexate, unless contraindicated; added sulfasalazine as an alternative to methotrexate if methotrexate is contraindicated.</p> <p>-PsO: removed duration of trial for topical and phototherapy.</p> <p>-UC: removed questions about steroid-refractory disease and rapidly progressive disease-related symptoms while on conventional oral therapy.</p>		
<p>Updated references. For all trial/failure requirements, indicated that member can also meet criteria if intolerant (as opposed to just contraindicated) to therapy in question. Modified the following initial criteria sets:</p> <p>-RA and PJIA: indicated that disease must be moderately to severely active.</p> <p>-PsA: modified trial/failure requirement- instead of requiring 2 or more nonbiologic DMARDs (such as cyclosporine, sulfasalazine, azathioprine, hydroxychloroquine), criteria now requires MTX. If MTX is contraindicated, then cyclosporine, sulfasalazine, leflunomide, cyclosporine, or azathioprine may be trialed.</p> <p>-CD: removed option for trial/failure of corticosteroid.</p> <p>-UC: indicated that disease must be moderately to severely active; removed option for trial/failure of corticosteroid.</p> <p>-PsO: indicated that disease must be chronic; removed option for trial/failure of Otezla per PDL.</p>	11/16	12/16

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Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information.

This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.

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