


<b>MEDICAL POLICY STATEMENT</b>		
Effective Date	Next Annual Review Date	Last Review / Revision Date
06/15/2011	06/15/2012	06/15/2011
Author		
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CSMG Medical Policy Statements are derived from literature based and supported clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services are those health care services or supplies which are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative and are not provided mainly for the convenience of the member or provider.

## **A. SUBJECT**

### **Adalimumab (Humira) Injection**

## **B. BACKGROUND**

Adalimumab (Humira) is a recombinant human IgG1 monoclonal antibody specific for human tumor necrosis factor (TNF). Adalimumab (Humira) binds specifically to TNF-alpha and blocks its interaction with the p55 and p75 cell surface TNF receptors. Adalimumab (Humira) also lyses surface TNF expressing cells in vitro in the presence of complement, but 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 rheumatoid arthritis, including juvenile idiopathic arthritis, psoriatic arthritis, and ankylosing spondylitis patients 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. The relationship between these pharmacodynamic activities and the mechanism(s) by which HUMIRA exerts its clinical effects is unknown. 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 (ELAM-1, VCAM-1, and ICAM-1 with an IC50 of 1-2 X 10-10M).

The patient selection criteria outlined was derived from the FDA-approved prescribing information for adalimumab (Humira), the studies that were presented to the FDA in support of the pre-market approval application, and studies in the peer-reviewed published medical literature. The FDA label indications found in the manufacturer prescribing information and described below are rheumatoid arthritis, juvenile idiopathic arthritis, Crohn's disease, ankylosing spondylitis, psoriatic arthritis and plaque psoriasis. Coverage decisions for conditions other than the above FDA approved indications will be reviewed on a case-by-case basis if proven effective through research documentation. The requesting provider will need to support his exception request with the appropriate literature.

## **C. POLICY**

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CareSource will approve the use of adalimumab (Humira) and consider its use as medically necessary when the following criteria have been met for:

- Rheumatoid arthritis
- Juvenile idiopathic arthritis
- Crohn's disease
- Ankylosing spondylitis
- Psoriatic arthritis
- Plaque psoriasis

**All other conditions are considered investigational and experimental for use of adalimumab.**

### **Crohn's Disease**

Adalimumab (Humira) is indicated for reducing signs and symptoms and inducing and maintaining clinical remission in adult (age 18 and older) patients with moderate to severe active Crohn's disease who have had an inadequate response to conventional therapy.

#### **Prior Authorization Criteria:**

- Documented diagnosis of moderate to severe active Crohn's Disease
  - Prescribed by a gastroenterologist or under recommendation of gastroenterologist
  - Failure of conventional therapy such as:
    - 5-ASA products (e.g., mesalamine (Asacol, Pentasa), sulfasalazine (Azilfidine))
    - Methotrexate (e.g., Rheumatrex)
    - Systemic corticosteroids (e.g., budesonide (Entocort))
    - Immunosuppressants (e.g., 6-mercaptopurine (Purinethol)),
    - Azathioprine (Imuran), or cyclosporine (Neoral, Sandimmune, Gengraf)
- OR**
- Concurrent use with DMARD if risk for significant tissue damage or loss of life due to complications of active Crohn's disease such as fistula formation
- OR**
- Unable to tolerate or has a medical contraindication of conventional therapies

**NOTE: The use of adalimumab (Humira) for Crohn's disease beyond one year has not been evaluated in controlled clinical trials.**

### **Rheumatoid Arthritis**

Adalimumab (Humira) is indicated for reducing signs and symptoms, inhibiting the progression of structural damage, and improving physical function in patients with moderate to severe active rheumatoid arthritis who have had a documented inadequate response to single therapy or inability to tolerate the DMARD (disease-modifying anti-inflammatory drugs).

**Prior Authorization Criteria:**

- Documented diagnosis of moderate to severe active rheumatoid arthritis
- Prescribed by a rheumatologist or under recommendation of rheumatologist
- Failure to respond to trial of DMARD

**OR**

- Unable to tolerate DMARD or has a medical contraindication of conventional therapies

**Note: Documentation of an inadequate response to a non-biological DMARD is *NOT* necessary if the intention is to administer these with adalimumab (Humira).**

**Juvenile Idiopathic Arthritis (formerly known as Juvenile Rheumatoid Arthritis)**

Adalimumab (Humira) is indicated for reducing signs and symptoms of moderate to severe active polyarticular juvenile idiopathic arthritis in patients 4 - 17 years of age.

**Prior Authorization Criteria:**

- Documented diagnosis of active moderate to severe polyarticular juvenile idiopathic arthritis
- Prescribed by a rheumatologist or under recommendation of rheumatologist.
  - Failure of one non-biological DMARD

**OR**

- Unable to tolerate or has a medical contraindication of conventional therapies

**Ankylosing Spondylitis**

Adalimumab (Humira) is indicated for reducing signs and symptoms in patients with active ankylosing spondylitis.

**Prior Authorization Criteria:**

- Documented diagnosis of active ankylosing spondylitis
- Prescribed by a rheumatologist or under recommendation of rheumatologist
- BASDI (Bath ankylosing spondylitis disease activity index) score of greater than or equal to 4. ([www. Spondylitis.org](http://www.Spondylitis.org) and [www.asas-group.org](http://www.asas-group.org))
- Failure of at least one non-biological DMARD in patients without pure axial disease. If pure axial disease, no requirement for DMARD failure

**OR**

- Unable to tolerate conventional or has medical contraindication to conventional therapies

## **Psoriatic Arthritis**

Adalimumab (Humira) is indicated for reducing signs and symptoms of active arthritis, inhibiting the progression of structural damage, and improving physical function in patients with psoriatic arthritis.

### **Prior Authorization Criteria:**

- Documented diagnosis of active psoriatic arthritis
- Failure of at least one non-biological DMARD

### **OR**

- Unable to tolerate or has a medical contraindication of conventional therapies

**Note: Documentation of an inadequate response to a non-biological DMARD is *NOT* necessary if the intention is to administer these with adalimumab (Humira).**

## **Plaque Psoriasis**

Adalimumab (Humira) is indicated for the treatment of adult patients with chronic severe (e.g., extensive and/or disabling) plaque psoriasis who are candidates for systemic therapy and when other systemic therapies are medically less appropriate. In plaque psoriasis, treatment with adalimumab (Humira) may reduce the epidermal thickness and infiltration of inflammatory cells.

### **Prior Authorization Criteria:**

- Documented diagnosis of moderate to severe plaque type psoriasis
  - Psoriatic plaques covering at least 7-8% of the body surface area or involvement with critical areas (hands, feet, faces or genitals)
  - Failure of prior treatment with psoralen-UVA or UVB

### **OR**

- Failure of at least a trial of other systemic therapies, such as:
  - Methotrexate
  - Cyclosporine (Neoral, Sandimmune, Gengraf)
  - Acitretin (Soriatane)

**NOTE: Adalimumab (Humira) should only be administered to patients who will be closely monitored and have regular follow-up visits with a physician. Psoriasis patients should be monitored for non-melanoma skin cancers (NMSCs), particularly those patients who have had prior prolonged phototherapy treatment.**

**NOTE: Documented diagnosis must be confirmed by portions of the individual's medical record, which will confirm the presence of disease and will need to be supplied with prior authorization request. These medical records may include, but not limited to, test reports, chart notes from provider's office or hospital admission notes.**

**For Special Needs Plan members, reference the below link to search for Applicable National Coverage Descriptions (NCD) and Local Coverage Descriptions (LCD):**

## **For Medicare**

### **NCD for Adalimumab (Humira)**

Medicare does not have a National Coverage Determination (NCD) for adalimumab (Humira). In general, Medicare covers outpatient (Part B) drugs that are furnished “incident to” a physician’s service provided that the drugs are not usually self-administered by the patients who take them. Refer to the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, section 50 Drugs and Biologicals at:

<http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf>.

Local Coverage Determinations (LCDs) for adalimumab (Humira) do not exist at this time. (Accessed February 14, 2011)

### **Safety**

CareSource will only review requests for **adalimumab (Humira)** if the patient has **none** of the following contraindications:

- Patient has hypersensitivity to adalimumab
- Patient has Tuberculosis (active, untreated or reactivation of latent TB), or contact with person with active TB or traveled to countries with high incidence of TB, or other active serious infections, or a history of recurrent infections including invasive fungal infections, bacterial, viral and other infections caused by opportunistic pathogens, or has other respiratory disorders including Chronic Obstructive Pulmonary Disease (COPD)
- Patient has not had a tuberculin skin test (TST), or a CDC-recommended equivalent, to rule out latent tuberculosis
- Patient is positive for hepatitis B during therapy or there is evidence of no recovery from prior hepatitis B infection
- Patient is not up to date with all immunizations in agreement with current immunization guidelines prior to initiating the therapy (patient may not be given live vaccines concurrently with adalimumab, and the interval between vaccination and initiation of adalimumab therapy must in accordance with current vaccination guidelines)
- Patient is going to have concurrent use with tumor necrosis factor antagonists or anakinra (Kineret) and/or TNF blockers
- Treatment is being initiated in a patient with moderate to severe heart failure. The clinician will need to evaluate risk vs benefits of treatment
- Patient has a diagnosis of Lymphoma and other malignancies

### **Pregnancy Risk Factor = B**

Reproduction studies have not been conducted. Use during pregnancy only if clearly needed. A Rheumatoid Arthritis and Pregnancy Registry has been established for women exposed to adalimumab (Humira) during pregnancy (Organization of Teratology Information Services, 877-311-8972).

It is not known whether adalimumab (Humira) is excreted in human milk or absorbed systemically after ingestion. Because many drugs and immunoglobulins are excreted in human milk, and because of the potential for serious adverse reactions in nursing infants from HUMIRA, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

### Conditions of Coverage

<b>Quantity Limitations</b>	2 Syringes (20mg, 40mg) / month
<b>J-Code</b>	J0135
<b>NDC</b>	00074937402 00074379902 00074433902 00074433906 00074433907
<b>Applicable ICD-9 codes</b>	555.0 Active Crohn's disease with listed manifestations 555.9 696.0 Psoriatic arthropathy 696.1 Other psoriasis [moderate to severe chronic plaque psoriasis] 714.0 Rheumatoid arthritis [moderately to severely active in adults] 714.2 714.30 - Juvenile chronic polyarthritis 714.33 [severely active] 720.0 Ankylosing spondylitis
<b>Place Of Service</b>	Office, Outpatient, Home <b>**Preferred place of service is in the home.</b> <b>Note:</b> CareSource supports administering injectable medications in various settings, as long as those services are furnished in the most appropriate and cost effective setting that are supportive of the patient's medical condition and unique needs and condition. The decision on the most appropriate setting for administration is based on the member's current medical condition and any required monitoring or additional services that may coincide with the delivery of the specific medication.
<b>Authorization Period</b>	Approved initial authorizations are valid for 3 months. Continued treatment may be considered when the member has shown biological

response to treatment. All authorizations are subject to continued eligibility.
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## D. REVIEW / REVISION HISTORY

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6/15/2011

## E. REFERENCES

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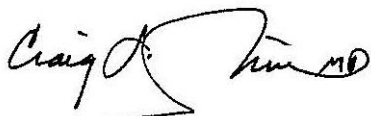
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The medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Policy and is approved.



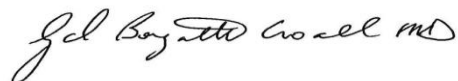
June 2, 2011

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**Chief Medical Officer**

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**Date**



June 2, 2011

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**Senior Medical Director**

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**Date**