

SPECIALTY GUIDELINE MANAGEMENT

HUMIRA (adalimumab)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indications

1. 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 (RA).
2. Reducing signs and symptoms of moderately to severely active polyarticular juvenile idiopathic arthritis (pJIA) in patients 2 years of age and older.
3. Reducing signs and symptoms, inhibiting the progression of structural damage, and improving physical function in adult patients with active psoriatic arthritis (PsA).
4. Reducing signs and symptoms in adult patients with active ankylosing spondylitis (AS).
5. 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. Reducing signs and symptoms and inducing clinical remission in these patients if they have also lost response to or are intolerant to infliximab.
6. 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 (6-MP), or methotrexate.
7. 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).
8. The 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.
9. The treatment of moderate to severe hidradenitis suppurativa in patients 12 years of age and older.
10. The treatment of non-infectious intermediate, posterior, and panuveitis in adults and pediatric patients 2 years of age and older.

B. Compendial Uses

1. Axial spondyloarthritis
2. Behcet's disease
3. Pyoderma gangrenosum
4. Oligoarticular juvenile idiopathic arthritis

All other indications are considered experimental/investigational and not medically necessary.

II. CRITERIA FOR INITIAL APPROVAL

A. Moderately to severely active rheumatoid arthritis (RA)

1. Authorization of 12 months may be granted for treatment of moderately to severely active RA when any of the following criteria is met:
 - a. Member has experienced an inadequate response to at least a 3-month trial of methotrexate despite adequate dosing (i.e., titrated to 20 mg/week).
 - b. Member has an intolerance or contraindication to methotrexate (see Appendix A).

B. Moderately to severely active articular juvenile idiopathic arthritis

1. Authorization of 12 months may be granted for members who have previously received a biologic indicated for moderately to severely active articular juvenile idiopathic arthritis.
2. Authorization of 12 months may be granted for treatment of moderately to severely active articular juvenile idiopathic arthritis when any of the following criteria is met:
 - a. The member has had an inadequate response to methotrexate or another non-biologic DMARD administered at an adequate dose and duration.
 - b. The member has risk factors (See Appendix E) and the member also meets one of the following:
 - i. High-risk joints are involved (e.g., cervical spine, wrist, or hip).
 - ii. High disease activity.
 - iii. Are judged to be at high risk for disabling joint disease.

C. Active psoriatic arthritis (PsA)

Authorization of 12 months may be granted for treatment of active psoriatic arthritis (PsA).

D. Active ankylosing spondylitis (AS) and axial spondyloarthritis

1. Authorization of 12 months may be granted for members who have previously received a biologic indicated for treatment of active ankylosing spondylitis or axial spondyloarthritis.
2. Authorization of 12 months may be granted for treatment of active ankylosing spondylitis and axial spondyloarthritis when any of the following criteria is met:
 - a. Member has experienced an inadequate response to at least two non-steroidal anti-inflammatory drugs (NSAIDs).
 - b. Member has an intolerance or contraindication to two or more NSAIDs.

E. Moderately to severely active Crohn's disease (CD)

1. Authorization of 12 months may be granted for members who have previously received a biologic indicated for treatment of Crohn's disease.
2. Authorization of 12 months may be granted for treatment of moderately to severely active CD when the member has had an inadequate response, intolerance or contraindication to at least one conventional therapy option (see Appendix B).
3. Authorization of 12 months may be granted for treatment of fistulizing CD.

F. Moderately to severely active ulcerative colitis (UC)

1. Authorization of 12 months may be granted for members who have previously received a biologic or targeted synthetic disease modifying drug (e.g., Xeljanz) indicated for treatment of moderately to severely active ulcerative colitis.
2. Authorization of 12 months may be granted for treatment of moderately to severely active UC when the member has had an inadequate response, intolerance or contraindication to at least one conventional therapy option (see Appendix C).

3. Authorization of 12 months may be granted for members who have been hospitalized for acute severe UC (e.g., continuous bleeding, severe toxic symptoms, including fever and anorexia).

G. Moderate to severe chronic plaque psoriasis (PsO)

1. Authorization of 12 months may be granted for members who have previously received Otezla or a biologic indicated for the treatment of moderate to severe chronic plaque psoriasis.
2. Authorization of 12 months may be granted for treatment of moderate to severe chronic plaque psoriasis when all of the following criteria are met:
 - a. At least 10% of body surface area (BSA) is affected OR crucial body areas (e.g., hands, feet, face, neck, scalp, genitals/groin, intertriginous areas) are affected.
 - b. Member meets any of the following criteria:
 - i. Member has had an inadequate response or intolerance to either phototherapy (e.g., UVB, PUVA) or a pharmacologic treatment with methotrexate, cyclosporine or acitretin.
 - ii. Member has a clinical reason to avoid pharmacologic treatment with methotrexate, cyclosporine and acitretin (see Appendix D).
 - iii. Member has severe psoriasis that warrants a biologic DMARD as first-line therapy (i.e. at least 10% of the body surface area (BSA) or crucial body areas (e.g., hands, feet, face, neck, scalp, genitals/groin, intertriginous areas) are affected).

H. Moderate to severe hidradenitis suppurativa

1. Authorization of 12 months may be granted for members who have previously received a biologic indicated for treatment of moderate to severe hidradenitis suppurativa.
2. Authorization of 12 months may be granted for treatment of moderate to severe hidradenitis suppurativa when either of the following is met:
 - a. Member has experienced an inadequate response to oral antibiotics for at least 90 days.
 - b. Member has an intolerance or contraindication to oral antibiotics.

I. Uveitis (non-infectious intermediate, posterior and panuveitis)

1. Authorization of 12 months may be granted for members who have previously received a biologic indicated for intermediate, posterior, and panuveitis.
2. Authorization of 12 months may be granted for treatment of non-infectious intermediate, posterior and panuveitis when either of the following is met:
 - a. Member has experienced an inadequate response with corticosteroids or immunosuppressive medications (e.g., azathioprine, cyclosporine, methotrexate).
 - b. Member has an intolerance or contraindication to corticosteroids and immunosuppressive therapy (e.g., azathioprine, cyclosporine, methotrexate).

J. Behcet's disease

1. Authorization of 12 months may be granted for members who have previously received Otezla or a biologic indicated for the treatment of Behcet's disease.
2. Authorization of 12 months may be granted for the treatment of Behcet's disease when the member has had an inadequate response to at least one nonbiologic medication for Behcet's disease (e.g., apremilast, colchicine, systemic glucocorticoids, azathioprine).

K. Pyoderma gangrenosum

1. Authorization of 12 months may be granted for members who have previously received a biologic indicated for treatment of pyoderma gangrenosum.

3. Authorization of 12 months may be granted for treatment of pyoderma gangrenosum when either of the following is met:
 - a. Member has experienced an inadequate response to corticosteroids or immunosuppressive therapy (e.g., cyclosporine or mycophenolate mofetil).
 - b. Member has an intolerance or contraindication to corticosteroids and immunosuppressive therapy (e.g. cyclosporine, mycophenolate mofetil).

III. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for all members (including new members) who are using Humira for an indication outlined in section II and who achieve or maintain a positive clinical response with Humira as evidenced by low disease activity or improvement in signs and symptoms of the condition.

IV. QUANTITY LIMIT

| Medication | Standard Limit | FDA-recommended dosing |
|--|-----------------------------|---|
| Humira (adalimumab) 10 mg/0.1 mL single-use prefilled syringe | 2 syringes per 28 days | RA/PsA/AS <ul style="list-style-type: none"> 40 mg every other week For patients not taking concomitant methotrexate: may increase to 40 mg every week if needed PJIA/Pediatric uveitis (2 years and up) <ul style="list-style-type: none"> 10 kg to < 15 kg: 10 mg every other week 15 kg to < 30 kg: 20 mg every other weeks ≥ 30 kg: 40 mg every other week Pediatric CD (6 years and up) <ul style="list-style-type: none"> 17 kg to < 40 kg: loading doses of 80 mg on day 1 and 40 mg two weeks later (day 15); maintenance dose (starting at week 4 (day 29) of 20 mg every other week ≥ 40 kg: loading doses of 160 mg on day 1 (given in one day or split over two consecutive days) and 80 mg two weeks later (day 15); maintenance dose starting at week 4 (day 29) of 40 mg every other week Adult CD and UC <ul style="list-style-type: none"> Loading doses: 160 mg on day 1 (given in one day or split over two consecutive days), followed by 80 mg two weeks later (day 15) Maintenance dose: two weeks later (day 29), 40 mg every other week |
| Humira (adalimumab) 10 mg/0.2 mL single-use prefilled syringe | 2 syringes per 28 days | |
| Humira (adalimumab) 20 mg/0.2 mL single-use prefilled syringe | 2 syringes per 28 days | |
| Humira (adalimumab) 20 mg/0.4 mL single-use prefilled syringe | 2 syringes per 28 days | |
| Humira (adalimumab) 40 mg/0.4 mL single-use prefilled syringe/pen | 4 syringes/pens per 28 days | |
| Humira (adalimumab) 40 mg/0.8 mL single-use prefilled syringe/pen | 4 syringes/pens per 28 days | |
| Humira (adalimumab) 40 mg/0.8 mL Pediatric Crohn's Disease Starter Pack | 6 syringes per 28 days | |
| Humira (adalimumab) 80 mg/0.8 mL Pediatric Crohn's Disease Starter Pack | 3 syringes per 28 days | |
| Humira (adalimumab) 80 mg/0.8 mL and 40 mg/0.4 mL Pediatric Crohn's Disease Starter Pack | 2 syringes per 28 days | |

| Medication | Standard Limit | FDA-recommended dosing |
|---|--------------------|--|
| Humira (adalimumab) 40 mg/0.8 mL pen Crohn's Disease, Ulcerative Colitis, or Hidradenitis Suppurativa Starter Pack | 6 pens per 28 days | Plaque psoriasis/ uveitis <ul style="list-style-type: none"> 80 mg, followed by 40 mg every other week starting one week after the initial dose of 80 mg |
| Humira (adalimumab) 80 mg/0.8 mL pen Crohn's Disease, Ulcerative Colitis, or Hidradenitis Suppurativa Starter Pack | 3 pens per 28 days | Adolescent hidradenitis suppurativa (12 years and up) <ul style="list-style-type: none"> 30 kg to < 60 kg: 80 mg on day 1, 40 mg on day 8 and subsequent doses 40 mg every other week ≥ 60 kg: Follow adult dosing |
| Humira (adalimumab) 40 mg/0.8 mL pen Psoriasis/Uveitis/Adolescent Hidradenitis Suppurativa Starter Pack | 4 pens per 28 days | Adult hidradenitis suppurativa <ul style="list-style-type: none"> Loading doses: 160 mg on day 1 (given in one day or split over two consecutive days), followed by 80 mg two weeks later (day 15) Maintenance dose: begin 40 mg every week two weeks later (day 29) |
| Humira (adalimumab) 80 mg/0.8 mL and 40 mg/0.4 mL Psoriasis/Uveitis/Adolescent Hidradenitis Suppurativa Starter Pack | 3 pens per 28 days | |

Abbreviations: RA = rheumatoid arthritis; PsA = psoriatic arthritis; AS = ankylosing spondylitis; PJIA = polyarticular juvenile idiopathic arthritis; CD = Crohn's disease; UC = ulcerative colitis

V.

OTHER

For all indications: Member has had a documented negative TB test (which can include a tuberculosis skin test [PPD], an interferon-release assay [IGRA], or a chest x-ray)* within 6 months of initiating therapy for persons who are naïve to biologic DMARDs or targeted synthetic DMARDs (e.g., Xeljanz), and repeated yearly for members with risk factors** for TB that are continuing therapy with biologics.

*If the screening testing for TB is positive, there must be documentation of further testing to confirm there is no active disease. Do not administer adalimumab to members with active TB infection. If there is latent disease, TB treatment must be started before initiation of adalimumab.

** Risk factors for TB include: Persons with close contact to people with infectious TB disease; persons who have recently immigrated from areas of the world with high rates of TB (e.g., Africa, Asia, Eastern Europe, Latin America, Russia); children less than 5 years of age who have a positive TB test; groups with high rates of TB transmission (e.g., homeless persons, injection drug users, persons with HIV infection); persons who work or reside with people who are at an increased risk for active TB (e.g., hospitals, long-term care facilities, correctional facilities, homeless shelters).

For all indications: Member cannot use Humira concomitantly with any other biologic DMARD or targeted synthetic DMARD.

VI. APPENDICES

Appendix A: Examples of Contraindications to Methotrexate

1. Alcoholism, alcoholic liver disease or other chronic liver disease
2. Breastfeeding
3. Blood dyscrasias (e.g., thrombocytopenia, leukopenia, significant anemia)
4. Elevated liver transaminases
5. History of intolerance or adverse event
6. Hypersensitivity
7. Interstitial pneumonitis or clinically significant pulmonary fibrosis
8. Myelodysplasia
9. Pregnancy or planning pregnancy
10. Renal impairment
11. Significant drug interaction

Appendix B: Examples of Conventional Therapy Options for CD

1. Mild to moderate disease – induction of remission:
 - a. Oral budesonide
 - b. Alternatives: metronidazole, ciprofloxacin, rifaximin
2. Mild to moderate disease – maintenance of remission:
 - a. Azathioprine, mercaptopurine
 - b. Alternatives: oral budesonide, methotrexate intramuscularly (IM) or subcutaneously (SC), sulfasalazine
3. Moderate to severe disease – induction of remission:
 - a. Prednisone, methylprednisolone intravenously (IV)
 - b. Alternatives: methotrexate IM or SC
4. Moderate to severe disease – maintenance of remission:
 - a. Azathioprine, mercaptopurine
 - b. Alternative: methotrexate IM or SC
5. Perianal and fistulizing disease – induction of remission
 - a. Metronidazole ± ciprofloxacin, tacrolimus
6. Perianal and fistulizing disease – maintenance of remission
 - a. Azathioprine, mercaptopurine
 - b. Alternative: methotrexate IM or SC

Appendix C: Examples of Conventional Therapy Options for UC

1. Mild to moderate disease – induction of remission:
 - a. Oral mesalamine (e.g., Asacol, Asacol HD, Lialda, Pentasa), balsalazide, olsalazine
 - b. Rectal mesalamine (e.g., Canasa, Rowasa)
 - c. Rectal hydrocortisone (e.g., Colocort, Cortifoam)
 - d. Alternatives: prednisone, azathioprine, mercaptopurine, sulfasalazine
2. Mild to moderate disease – maintenance of remission:
 - a. Oral mesalamine, balsalazide, olsalazine, rectal mesalamine
 - b. Alternatives: azathioprine, mercaptopurine, sulfasalazine
3. Severe disease – induction of remission:
 - a. Prednisone, hydrocortisone IV, methylprednisolone IV
 - b. Alternatives: cyclosporine IV, tacrolimus, sulfasalazine
4. Severe disease – maintenance of remission:
 - a. Azathioprine, mercaptopurine
 - b. Alternative: sulfasalazine
5. Pouchitis: Metronidazole, ciprofloxacin

- a. Alternative: rectal mesalamine

Appendix D: Examples of Clinical Reasons to Avoid Pharmacologic Treatment with Methotrexate, Cyclosporine or Acitretin.

1. Alcoholism, alcoholic liver disease or other chronic liver disease
2. Breastfeeding
3. Drug interaction
4. Cannot be used due to risk of treatment-related toxicity
5. Pregnancy or planning pregnancy
6. Significant comorbidity prohibits use of systemic agents (examples include liver or kidney disease, blood dyscrasias, uncontrolled hypertension)

APPENDIX E: Risk factors for Articular Juvenile Idiopathic Arthritis

1. Positive rheumatoid factor
2. Positive anti-cyclic citrullinated peptide antibodies
3. Pre-existing joint damage

VII. REFERENCES

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