

This policy applies to the following:

	Standard Opt-in	ACSF	VF	✓	Marketplace
	Standard Opt-in NTMB	PDPD	MMT		Medical Benefit
	Standard Opt-out	Generics First		✓	Marketplace NTMB

Reference #
2406-D

## EXCEPTIONS CRITERIA

### DISEASE-MODIFYING ANTIRHEUMATIC DRUG PRODUCTS

**PREFERRED PRODUCTS: COSENTYX, ENBREL, HUMIRA, KEVZARA, OTEZLA, STELARA**

#### POLICY

This policy informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

#### I. PLAN DESIGN SUMMARY

This program applies to the disease-modifying antirheumatic drug (DMARD) products specified in this policy. Coverage for targeted products is provided based on clinical circumstances that would exclude the use of the preferred product and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to adult members who are new to treatment with a targeted product for the first time. Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

**Table. Disease-modifying antirheumatic drugs for autoimmune conditions**

	Preferred Products	Targeted Products
Rheumatoid arthritis	<b>Enbrel, Humira, Kevzara</b>	Actemra, Cimzia, Kineret, Olumiant, Oencia, Simponi, Xeljanz/Xeljanz XR
Ankylosing spondylitis	<b>Cosentyx, Enbrel, Humira</b>	Cimzia, Simponi
Psoriatic arthritis	<b>Cosentyx, Enbrel, Humira, Otezla, Stelara</b>	Cimzia, Oencia, Simponi, Taltz, Xeljanz/Xeljanz XR
Crohn's disease	<b>Humira, Stelara</b>	Cimzia, Entyvio
Ulcerative colitis	<b>Humira</b>	Entyvio, Simponi, Xeljanz/Xeljanz XR
Plaque psoriasis	<b>Cosentyx, Enbrel, Humira, Otezla, Stelara</b>	Cimzia, Taltz, Ilumya

#### II. EXCEPTION CRITERIA

This program applies to members requesting treatment for an indication that is FDA-approved for the preferred product(s) (as applicable).

Coverage for a targeted product is provided when any of the following criteria are met:

- A. For rheumatoid arthritis, ankylosing spondylitis, Crohn's disease, ulcerative colitis, and plaque psoriasis: Member has had a documented inadequate response or intolerable adverse event with ALL of the preferred products, unless there is a documented clinical reason to avoid TNF inhibitors (see Appendix).
- B. For psoriatic arthritis: Member has had a documented inadequate response or intolerable adverse event with four of the preferred products, unless there is a documented clinical reason to avoid TNF inhibitors (see Appendix).

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- C. Member is currently receiving treatment with a targeted product, excluding when the targeted product is obtained as samples or via manufacturer's patient assistance programs.
- D. The requested product is Cimzia and member is currently pregnant or breastfeeding.

### III. Appendix: Clinical reasons to avoid TNF inhibitors

- History of demyelinating disorder
- History of congestive heart failure
- History of hepatitis B virus infection
- Autoantibody formation/lupus-like syndrome
- Risk of lymphoma

### REFERENCES

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13. Taltz [package insert]. Indianapolis, IN: Eli Lilly and Company; December 2017.
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