MEDICAL MUTUAL®

Drug Policy

Policy:	**200806**	**Initial Effective Date: 12/01/2008**
Code(s):	**HCPCS J0135**	**Annual Review Date: 11/21/2024**
SUBJECT:	• Abrilada™ (adalimumab-afzb subcutaneous injection – Pfizer) • adalimumab-aacf subcutaneous injection (Fresenius Kabi) • adalimumab-aaty subcutaneous injection (Celltrion) • adalimumab-adaz subcutaneous injection (Sandoz/Novartis) • adalimumab-adbm subcutaneous injection (Boehringer Ingelheim) • adalimumab-fkjp subcutaneous injection (Mylan) • adalimumab-ryvk subcutaneous injection (Alvotech/Teva) • Amjevita™ (adalimumab-atto subcutaneous injection – Amgen) • Cyltezo® (adalimumab-adbm subcutaneous injection – Boehringer Ingelheim) • Hadlima™ (adalimumab-bwwd subcutaneous injection – Organon/Samsung Bioepis) • Hulio® (adalimumab-fkjp subcutaneous injection – Mylan) • Humira® (adalimumab subcutaneous injection – AbbVie, Cordavis) • Hyrimoz® (adalimumab-adaz subcutaneous injection – Sandoz/Novartis, Cordavis) • Idacio® (adalimumab-aacf subcutaneous injection – Fresenius Kabi) • Simlandi® (adalimumab-ryvk subcutaneous injection – Alvotech/Teva) • Yuflyma® (adalimumab-aaty subcutaneous injection – Celltrion) • Yusimry™ (adalimumab-aqvh subcutaneous injection – Coherus)	**Last Revised Date: 11/21/2024**

MEDICAL MUTUAL®

Drug Policy

☒Subject to Site of Care

Prior approval is required for some or all procedure codes listed in this Corporate Drug Policy.

Initial and renewal requests for the medication(s) listed in this policy are subject to site of care management. When billed under the medical benefit, administration of the medication will be restricted to a non-hospital facility-based location (i.e., home infusion provider, provider's office, free-standing ambulatory infusion center) unless the member meets the site of care exception criteria. To view the exception criteria and a list of medications subject to site of care management please click here.

OVERVIEW

Adalimumab products are recombinant human immunoglobulin G1 (IgG1) monoclonal antibody specific for human tumor necrosis factor alpha (TNFα). They neutralizes the biological activity of TNFα and inhibits binding of TNFα with its receptors. TNF, a naturally occurring cytokine, mediates inflammation and modulates cellular immune responses. Increased levels of TNF are found in the synovial fluid of patients with rheumatoid arthritis (RA), juvenile idiopathic arthritis (JIA), psoriatic arthritis (PsA), and ankylosing spondylitis (AS). TNF has an important role in both the pathologic inflammation and the joint destruction that are characteristic of these diseases. Increased levels of TNF are found in psoriasis plaques but the mechanism of action in plaque psoriasis and Crohn's disease are not known. The exact mechanism of action for hidradenitis suppurativa is unknown but may be due to decreased cytokines and other inflammatory cells.

Boxed Warnings

Adalimumab has boxed warnings concerning risks of serious infection and the risk of malignancy. Prior to initiating therapy with Adalimumab, 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 Adalimumab, and if a serious infection or sepsis develops, Adalimumab should be discontinued. It is also recommended that patients treated with any TNF antagonist should be monitored for malignancies.

POLICY STATEMENT

This policy involves the use of adalimumab products. Prior authorization is recommended for medical benefit coverage of Adalimumab. Approval is recommended for those who meet the conditions of coverage in the **Criteria, Dosing, Initial/Extended Approval, Duration of Therapy**, and **Labs/Diagnostics** for the diagnosis provided. **Waste Management** applies for all covered conditions that are administered by a healthcare professional. **Conditions Not Recommended for Approval** are listed following the recommended authorization criteria and Waste Management section. Requests for uses not listed in this policy will be reviewed for evidence of efficacy and for medical necessity on a case-by-case basis.

Because of the specialized skills required for evaluation and diagnosis of patients treated with Adalimumab as well as the monitoring required for AEs and long-term efficacy, initial approval requires Adalimumab be prescribed by or in consultation with a physician who specializes in the condition being treated. All approvals for initial therapy are provided for the initial approval duration noted below; if reauthorization is allowed, a response to therapy is required for continuation

of therapy unless otherwise noted below. The Site of Care Medical Necessity Criteria applies to initial therapy and reauthorizations.*

Adalimumab products are subject to the Inflammatory Conditions Care Value Program under pharmacy benefits.

Preferred and Non-Preferred Products.

Step 1 **Preferred Products**	• Cyltezo/adalimumab-adbm • adalimumab-adaz • Simlandi/adalimumab-ryvk
Step 2* **Non-Preferred Products** (directed to **ONE** Preferred Product) **[documentation required]**	• Humira (NDCs starting with 00074)
Step 3* **Non-Preferred Products** (directed to **ALL** Preferred Products) **[documentation required]**	• Abrilada • Amjevita • Hadlima • Hulio/adalimumab-fkjp • Humira (NDCs starting with 83457) – *directed to Humira NDCs starting with 00074* • Hyrimoz– *directed to adalimumab-adaz* • Idacio/adalimumab-aacf • Yuflyma/adalimumab-aaty • Yusimry

THIS APPLIES TO RX BENEFIT ONLY

*STEP 2 AND STEP 3 PRODUCTS SUBJECT TO BOTH "RECOMMENDED AUTHORIZATION CRITERIA" AND "RECOMMENDED EXCEPTION CRITERIA"

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of adalimumab products are recommended in those who meet the following criteria:

Food and Drug Administration (FDA)-Approved Indications

1. **Ankylosing Spondylitis.** Approve for the duration noted if the patient meets ONE of the following (A or B):
   a) Initial Therapy. Approve for 6 months if the patient meets BOTH of the following (i and ii):
      i. Patient is ≥ 18 years of age; AND
      ii. The medication is prescribed by or in consultation with a rheumatologist.
   b) Patient is Currently Receiving an Adalimumab Product. Approve for 1 year if the patient meets BOTH of the following (i and ii):
      i. Patient has been established on therapy for at least 6 months; AND
      Note: A patient who has received < 6 months of therapy or who is restarting therapy with an adalimumab product is reviewed under criterion A (Initial Therapy).
      ii. Patient meets at least ONE of the following (a or b):
         1. When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating an adalimumab product); OR
         Note: Examples of objective measures include Ankylosing Spondylitis Disease Activity Score (ASDAS), Ankylosing Spondylitis Quality of Life Scale (ASQoL), Bath Ankylosing Spondylitis Disease Activity

Index (BASDAI), Bath Ankylosing Spondylitis Functional Index (BASFI), Bath Ankylosing Spondylitis Global Score (BAS-G), Bath Ankylosing Spondylitis Metrology Index (BASMI), Dougados Functional Index (DFI), Health Assessment Questionnaire for the Spondyloarthropathies (HAQ-S), and/or serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate).

2. Compared with baseline (prior to initiating an adalimumab product), patient experienced an improvement in at least one symptom, such as decreased pain or stiffness, or improvement in function or activities of daily living.

2. Crohn's Disease. Approve for the duration noted if the patient meets ONE of the following (A or B):

a) Initial Therapy. Approve for 6 months if the patient meets ALL of the following (i, ii, and iii):

i. Patient is ≥ 6 years of age; AND

ii. Patient meets ONE of the following (a, b, c, or d):

1. Patient has tried or is currently taking corticosteroids, or corticosteroids are contraindicated in this patient; OR

Note: Examples of corticosteroids are prednisone or methylprednisolone.

2. Patient has tried one other conventional systemic therapy for Crohn's disease; OR

Note: Examples of conventional systemic therapy for Crohn's disease include azathioprine, 6-mercaptopurine, or methotrexate. An exception to the requirement for a trial of or contraindication to steroids or a trial of one other conventional systemic agent can be made if the patient has already tried at least one biologic other than the requested medication. A biosimilar of the requested biologic does not count. Refer to Appendix for examples of biologics used for Crohn's disease. A trial of mesalamine does not count as a systemic agent for Crohn's disease.

3. Patient has enterocutaneous (perianal or abdominal) or rectovaginal fistulas; OR

4. Patient had ileocolonic resection (to reduce the chance of Crohn's disease recurrence); AND

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

b) Patient is Currently Receiving an Adalimumab Product. Approve for 1 year if the patient meets BOTH of the following (i and ii):

i. Patient has been established on therapy for at least 6 months; AND

Note: A patient who has received < 6 months of therapy or who is restarting therapy with an adalimumab product is reviewed under criterion A (Initial Therapy).

ii. Patient meets at least ONE of the following (a or b):

a) When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating an adalimumab product); OR

Note: Examples of objective measures include fecal markers (e.g., fecal lactoferrin, fecal calprotectin), serum markers (e.g., C-reactive protein), imaging studies (magnetic resonance enterography [MRE], computed tomography enterography [CTE]), endoscopic assessment, and/or reduced dose of corticosteroids.

b) Compared with baseline (prior to initiating an adalimumab product), patient experienced an improvement in at least one symptom, such as decreased pain, fatigue, stool frequency, and/or blood in stool.

3. Juvenile Idiopathic Arthritis (JIA) [or juvenile rheumatoid arthritis] {regardless of type of onset}. Approve for the duration noted if the patient meets ONE of the following (A or B):

Note: This includes a patient with juvenile spondyloarthropathy/active sacroiliac arthritis.

a) Initial Therapy. Approve for 6 months if the patient meets ALL of the following (i, ii, and iii):
   - **i.** Patient is ≥ 2 years of age; AND
   - **ii.** Patient meets ONE of the following (a, b, c, or d):
     - **1.** Patient has tried one other systemic therapy for this condition; OR
       Note: Examples of other systemic therapies for JIA include methotrexate, sulfasalazine, leflunomide, or a nonsteroidal anti-inflammatory drug (NSAID) [e.g., ibuprofen, naproxen]. A previous trial of one biologic other than the requested medication also counts as a trial of one systemic therapy for JIA. A biosimilar of the requested biologic does not count. Refer to Appendix for examples of biologics used for JIA.
     - **2.** Patient will be starting on adalimumab concurrently with methotrexate, sulfasalazine, or leflunomide; OR
     - **3.** Patient has an absolute contraindication to methotrexate, sulfasalazine, or leflunomide; OR
       Note: Examples of contraindications to methotrexate include pregnancy, breast feeding, alcoholic liver disease, immunodeficiency syndrome, blood dyscrasias.
     - **4.** Patient has aggressive disease, as determined by the prescriber; AND
   - **iii.** The medication is prescribed by or in consultation with a rheumatologist.

b) Patient is Currently Receiving an Adalimumab Product. Approve for 1 year if the patient meets BOTH of the following (i and ii):
   - **i.** Patient has been established on therapy for at least 6 months; AND
     Note: A patient who has received < 6 months of therapy or who is restarting therapy with an adalimumab product is reviewed under criterion A (Initial Therapy).
   - **ii.** Patient meets at least ONE of the following (a or b):
     - **a)** When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating an adalimumab product); OR
       Note: Examples of objective measures include Physician Global Assessment (MD global), Parent/Patient Global Assessment of Overall Well-Being (PGA), Parent/Patient Global Assessment of Disease Activity (PDA), Juvenile Arthritis Disease Activity Score (JDAS), Clinical Juvenile Arthritis Disease Activity Score (cJDAS), Juvenile Spondyloarthritis Disease Activity Index (JSpADA), serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate), and/or reduced dosage of corticosteroids.
     - **b)** Compared with baseline (prior to initiating an adalimumab product), patient experienced an improvement in at least one symptom, such as improvement in limitation of motion, less joint pain or tenderness, decreased duration of morning stiffness or fatigue, or improved function or activities of daily living.

4. **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 ALL of the following (i, ii, and iii):
   - **i.** Patient is ≥ 12 years of age; AND
   - **ii.** Patient has tried at least ONE other therapy; AND
     Note: Examples include intralesional or oral corticosteroids (such as triamcinolone or prednisone), systemic antibiotics (e.g., clindamycin, dicloxacillin, or erythromycin), or isotretinoin.
   - **iii.** The medication is prescribed by or in consultation with a dermatologist.

B) Patient is Currently Receiving an Adalimumab Product. Approve for 1 year if the patient meets ALL of the following (i, ii, and iii):
   - **i.** Patient has been established on therapy for at least 3 months; AND

Note: A patient who has received < 3 months of therapy or who is restarting therapy with an adalimumab product is reviewed under criterion A (Initial Therapy).

ii. When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating an adalimumab product); AND
Note: Examples of objective measures include Hurley staging, Sartorius score, Physician Global Assessment, and Hidradenitis Suppurativa Severity Index.

iii. Compared with baseline (prior to initiating an adalimumab product), patient experienced an improvement in at least one symptom, such as decreased pain or drainage of lesions, nodules, or cysts.

5. 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 ALL of the following (i, ii, and iii):

i. Patient is ≥ 18 years of age; AND

ii. Patient meets ONE of the following (a or b):

1. Patient has tried at least one traditional systemic agent for psoriasis for at least 3 months, unless intolerant; OR
Note: Examples include methotrexate, cyclosporine, or acitretin. A 3-month trial of psoralen plus ultraviolet A light (PUVA) also counts. An exception to the requirement for a trial of one traditional systemic agent for psoriasis can be made if the patient has already had a 3-month trial or previous intolerance to at least one biologic other than the requested medication. A biosimilar of the requested biologic does not count. Refer to Appendix for examples of biologics used for psoriasis. A patient who has already tried a biologic for psoriasis is not required to "step back" and try a traditional systemic agent for psoriasis.

b) Patient has a contraindication to methotrexate, as determined by the prescriber; AND

iii. The medication is prescribed by or in consultation with a dermatologist.

b) Patient is Currently Receiving an Adalimumab Product. Approve for 1 year if the patient meets ALL of the following (i, ii, and iii):

i. Patient has been established on therapy for at least 3 months; AND
Note: A patient who has received < 3 months of therapy or who is restarting therapy with an adalimumab product is reviewed under criterion A (Initial Therapy).

ii. Patient experienced a beneficial clinical response, defined as improvement from baseline (prior to initiating an adalimumab product) in at least one of the following: estimated body surface area affected, erythema, induration/thickness, and/or scale of areas affected by psoriasis; AND

iii. Compared with baseline (prior to receiving an adalimumab product), patient experienced an improvement in at least one symptom, such as decreased pain, itching, and/or burning.

6. Psoriatic Arthritis. Approve for the duration noted if the patient meets ONE of the following (A or B):

a) Initial Therapy. Approve for 6 months if the patient meets BOTH of the following (i and ii):

i. Patient is ≥ 18 years of age; AND

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

b) Patient is Currently Receiving an Adalimumab Product. Approve for 1 year if the patient meets BOTH of the following (i and ii):

i. Patient has been established on therapy for at least 6 months; AND

Note: A patient who has received < 6 months of therapy or who is restarting therapy with an adalimumab product is reviewed under criterion A (Initial Therapy).

ii. Patient meets at least ONE of the following (a or b):

a) When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating an adalimumab product); OR
Note: Examples of objective measures of disease activity include Disease Activity Index for Psoriatic Arthritis (DAPSA), Composite Psoriatic Disease Activity Index (CPDAI), Psoriatic Arthritis Disease Activity Score (PsA DAS), Grace Index, Leeds Enthesitis Score (LEI), Spondyloarthritis Consortium of Canada (SPARCC) enthesitis score, Leeds Dactylitis Instrument Score, Minimal Disease Activity (MDA), Psoriatic Arthritis Impact of Disease (PsAID-12), and/or serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate).

b) Compared with baseline (prior to initiating an adalimumab product), patient experienced an improvement in at least one symptom, such as less joint pain, morning stiffness, or fatigue; improved function or activities of daily living; or decreased soft tissue swelling in joints or tendon sheaths.

7. Rheumatoid Arthritis. Approve for the duration noted if the patient meets ONE of the following (A or B):

A) Initial Therapy. Approve for 6 months if the patient meets ALL of the following (i, ii, and iii):

i. Patient is ≥ 18 years of age; AND

ii. Patient has tried ONE conventional synthetic disease-modifying antirheumatic drug (DMARD) for at least 3 months; AND
Note: Examples include methotrexate (oral or injectable), leflunomide, hydroxychloroquine, and sulfasalazine. An exception to the requirement for a trial of one conventional synthetic DMARD can be made if the patient has already had a 3-month trial with at least one biologic other than the requested medication. A biosimilar of the requested biologic does not count. Refer to Appendix for examples of biologics used for rheumatoid arthritis. A patient who has already tried a biologic for rheumatoid arthritis is not required to "step back" and try a conventional synthetic DMARD.

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

B) Patient is Currently Receiving an Adalimumab Product. Approve for 1 year if the patient meets BOTH of the following (i and ii):

i. Patient has been established on therapy for at least 6 months; AND
Note: A patient who has received < 6 months of therapy or who is restarting therapy with an adalimumab product is reviewed under criterion A (Initial Therapy).

ii. Patient meets at least ONE of the following (a or b):

a) Patient experienced a beneficial clinical response when assessed by at least one objective measure; OR
Note: Examples of objective measures of disease activity include Clinical Disease Activity Index (CDAI), Disease Activity Score (DAS) 28 using erythrocyte sedimentation rate or C-reactive protein, Patient Activity Scale (PAS)-II, Rapid Assessment of Patient Index Data 3 (RAPID-3), and/or Simplified Disease Activity Index (SDAI).

b) Patient experienced an improvement in at least one symptom, such as decreased joint pain, morning stiffness, or fatigue; improved function or activities of daily living; or decreased soft tissue swelling in joints or tendon sheaths.

8. Ulcerative Colitis. Approve for the duration noted if the patient meets ONE of the following (A or B):

a) Initial Therapy. Approve for 6 months if the patient meets ALL of the following (i, ii, and iii):

i. Patient is ≥ 5 years of age; AND

ii. Patient meets ONE of the following (a or b):

1. Patient has tried one systemic therapy; OR

Note: Examples include 6-mercaptopurine, azathioprine, cyclosporine, tacrolimus, or a corticosteroid such as prednisone or methylprednisolone. A trial of one biologic other than the requested medication also counts as a trial of one systemic agent for ulcerative colitis. A biosimilar of the requested biologic does not count. Refer to Appendix for examples of biologics used for ulcerative colitis.

2. Patient meets BOTH of the following [(1) and (2)]:

a) Patient has pouchitis; AND

b) Patient has tried an antibiotic, probiotic, corticosteroid enema, or mesalamine enema; AND

Note: Examples of antibiotics include metronidazole and ciprofloxacin. Examples of corticosteroid enemas include hydrocortisone enema.

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

B) Patient is Currently Receiving an Adalimumab Product. Approve for 1 year if the patient meets BOTH of the following (i and ii):

i. Patient has been established on therapy for at least 6 months; AND

Note: A patient who has received < 6 months of therapy or who is restarting therapy with an adalimumab product is reviewed under criterion A (Initial Therapy).

ii. Patient meets at least ONE of the following (a or b):

a) When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating an adalimumab product); OR

Note: Examples of objective measures include fecal markers (e.g., fecal calprotectin), serum markers (e.g., C-reactive protein), endoscopic assessment, and/or reduced dose of corticosteroids.

b) Compared with baseline (prior to initiating an adalimumab product), patient experienced an improvement in at least one symptom, such as decreased pain, fatigue, stool frequency, and/or rectal bleeding.

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 6 months if the patient meets ALL of the following (i, ii, and iii):

i. Patient is ≥ 2 years of age; AND

ii. Patient has tried ONE of the following therapies: periocular, intraocular, or systemic corticosteroids; immunosuppressives; AND

Note: Examples of corticosteroids include prednisolone, triamcinolone, betamethasone, methylprednisolone, and prednisone. Examples of immunosuppressive agents include methotrexate, mycophenolate mofetil, azathioprine, and cyclosporine. A trial of one biologic other than the requested medication also counts. A biosimilar of the requested biologic does not count.

iii. The medication is prescribed by or in consultation with an ophthalmologist.

B) Patient is Currently Receiving an Adalimumab Product. Approve for 1 year if the patient meets BOTH of the following (i and ii):

i. Patient has been established on therapy for at least 6 months; AND

Note: A patient who has received < 6 months of therapy or who is restarting therapy with an adalimumab product is reviewed under criterion A (Initial Therapy).

ii. Patient meets at least one of the following (a or b):

a) When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating an adalimumab product); OR
Note: Examples of objective measures include best-corrected visual acuity, assessment of chorioretinal and/or inflammatory retinal vascular lesions, or anterior chamber cell grade or vitreous haze grade.

b) Compared with baseline (prior to initiating an adalimumab product), patient experienced an improvement in at least one symptom, such as decreased eye pain, redness, light sensitivity, and/or blurred vision; or improvement in visual acuity.

Other Uses with Supportive Evidence

10. Behcet'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 ALL of the following (i, ii, and ii):

i. Patient is ≥ 2 years of age; AND

ii. Patient meets ONE of the following (a or b):

i. Patient has tried at least ONE conventional therapy; OR
Note: Examples include systemic corticosteroids (e.g., methylprednisolone), immunosuppressants (e.g., azathioprine, methotrexate, mycophenolate mofetil, cyclosporine, tacrolimus, Leukeran [chlorambucil tablets], cyclophosphamide, interferon alfa). A trial of one biologic other than the requested medication also counts. A patient who has already tried one biologic other than the requested drug for Behcet's disease is not required to "step back" and try a conventional therapy. A biosimilar of the requested biologic does not count.

ii. Patient has ophthalmic manifestations of Behcet's disease; AND

iii. The medication is prescribed by or in consultation with a rheumatologist, dermatologist, ophthalmologist, gastroenterologist, or neurologist.

b) Patient is Currently Receiving an Adalimumab Product. Approve for 1 year if the patient meets ALL of the following (i, ii, and iii):

i. Patient has been established on therapy for at least 3 months; AND
Note: A patient who has received < 3 months of therapy or who is restarting therapy with an adalimumab product is reviewed under criterion A (Initial Therapy).

ii. When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating an adalimumab product); AND
Note: Examples of objective measures are dependent upon organ involvement but may include best-corrected visual acuity (if ophthalmic manifestations); serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate); or ulcer depth, number, and/or lesion size.

iii. Compared with baseline (prior to initiating an adalimumab product), patient experienced an improvement in at least one symptom, such as decreased pain or improved visual acuity (if ophthalmic manifestations).

11. Pyoderma Gangrenosum. Approve for the duration noted if the patient meets ONE of the following (A or B):

A) Initial Therapy. Approve for 4 months if the patient meets ALL of the following (i, ii, and iii):

i. Patient is ≥ 18 years of age; AND
ii. Patient meets ONE of the following (a or b):
a) Patient has tried one systemic corticosteroid; OR
Note: An example is prednisone.
b) Patient has tried one other immunosuppressant for at least 2 months or was intolerant to one of these agents; AND
Note: Examples include mycophenolate mofetil and cyclosporine.
iii. The medication is prescribed by or in consultation with a dermatologist.

B) Patient is Currently Receiving an Adalimumab Product. Approve for 1 year if the patient meets ALL of the following (i, ii, and iii):
i. Patient has been established on therapy for at least 4 months; AND
Note: A patient who has received < 4 months of therapy or who is restarting therapy with an adalimumab product is reviewed under criterion A (Initial Therapy).
ii. Patient experienced a beneficial clinical response, defined as improvement from baseline (prior to initiating an adalimumab product) in at least one of the following: size, depth, and/or number of lesions; AND
iii. Compared with baseline (prior to initiating an adalimumab product), patient experienced an improvement in at least one symptom, such as decreased pain and/or tenderness of affected lesions.

12. Sarcoidosis. 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 ALL of the following (i, ii, iii, and iv):
i. Patient is ≥ 18 years of age; AND
ii. Patient has tried at least one corticosteroid; AND
Note: An example is prednisone.
iii. Patient has tried at least one immunosuppressive medication; AND
Note: Examples include methotrexate, leflunomide, azathioprine, mycophenolate mofetil, cyclosporine, Leukeran (chlorambucil tablets), cyclophosphamide, Thalomid (thalidomide capsules), an infliximab product, or chloroquine.
iv. The medication is prescribed by or in consultation with a pulmonologist, ophthalmologist, or dermatologist.

B) Patient is Currently Receiving an Adalimumab Product. Approve for 1 year if the patient meets ALL of the following (i, ii, and iii):
i. Patient has been established on therapy for at least 3 months; AND
Note: A patient who has received < 3 months of therapy or who is restarting therapy with an adalimumab product is reviewed under criterion A (Initial Therapy).
ii. When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating an adalimumab product); AND
Note: Examples of objective measures are dependent upon organ involvement but may include lung function (e.g., predicted forced vital capacity and/or 6-minute walk distance); serum markers (e.g., C-reactive protein, liver enzymes, N-terminal pro-brain natriuretic peptide [NT-proBNP]); improvement in rash or skin manifestations, neurologic symptoms, or rhythm control; or imaging (e.g., if indicated, chest radiograph, magnetic resonance imaging [MRI], or echocardiography).

iii. Compared with baseline (prior to initiating an adalimumab product), patient experienced an improvement in at least one symptom, such as decreased cough, fatigue, pain, palpitations, neurologic symptoms, and/or shortness of breath.

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

i. Initial Therapy. Approve for 6 months if the patient meets ALL of the following (i, ii, and iii):

i. Patient is ≥ 18 years of age; AND

ii. Patient has tried one other therapy for this condition; AND
Note: Examples include oral nonsteroidal anti-inflammatory drugs (NSAIDs) such as indomethacin, naproxen, or ibuprofen; oral, topical (ophthalmic), or intravenous corticosteroids (such as prednisone, prednisolone, methylprednisolone); methotrexate; cyclosporine; or other immunosupressants.

iii. The medication is prescribed by or in consultation with an ophthalmologist.

B) Patient is Currently Receiving an Adalimumab Product. Approve for 1 year if the patient meets BOTH of the following (i and ii):

i. Patient has been established on therapy for at least 6 months; AND
Note: A patient who has received < 6 months of therapy or who is restarting therapy with an adalimumab product is reviewed under criterion A (Initial Therapy).

ii. Patient meets at least ONE of the following (a or b):

a) When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating an adalimumab product); OR
Note: Examples of objective measures are serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate).

b) Compared with baseline (prior to initiating an adalimumab product), patient experienced an improvement in at least one symptom, such as decreased eye pain, redness, light sensitivity, tearing, and/or improvement in visual acuity.

14. Spondyloarthritis, Other Subtypes. Approve for the duration noted if the patient meets ONE of the following (A or B):
Note: This includes undifferentiated arthritis, non-radiographic axial spondyloarthritis, reactive arthritis (Reiter's disease), or arthritis associated with inflammatory bowel disease. For ankylosing spondylitis or psoriatic arthritis, refer to the respective criteria under FDA-approved indications.

a) Initial Therapy. Approve for 6 months if the patient meets ALL of the following (i, ii, and iii):

i. Patient is ≥ 18 years of age; AND

ii. Patient meets ONE of the following (a or b):

i. Patient meets BOTH of the following [(1) and (2)]:

1. Patient has arthritis primarily in the knees, ankles, elbows, wrists, hands, and/or feet; AND
2. Patient has tried at least one conventional synthetic disease-modifying antirheumatic drug (DMARD); OR
Note: Examples include methotrexate, leflunomide, or sulfasalazine.

ii. 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 elevated beyond the upper limit of normal for the reporting laboratory; OR

(2) Sacroiliitis reported on magnetic resonance imaging (MRI); AND

iii. The medication is prescribed by or in consultation with a rheumatologist.

b) Patient is Currently Receiving an Adalimumab Product. Approve for 1 year if the patient meets BOTH of the following (i and ii):

i. Patient has been established on therapy for at least 6 months; AND
Note: A patient who has received < 6 months of therapy or who is restarting therapy with an adalimumab product is reviewed under criterion A (Initial Therapy).

ii. Patient meets at least ONE of the following (a or b):

i. When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating an adalimumab product); OR
Note: Examples of objective measures include Ankylosing Spondylitis Disease Activity Score (ASDAS) and/or serum markers (e.g., C-reactive protein, erythrocyte sedimentation rate).

ii. Compared with baseline (prior to initiating an adalimumab product), patient experienced an improvement in at least one symptom, such as decreased pain or stiffness, or improvement in function or activities of daily living.

RECOMMENDED EXCEPTION CRITERIA

Non-Preferred Products	Exception Criteria
Abrilada Amjevita Hadlima Hulio/ adalimumab-fkjp Idacio/ adalimumab-aacf Yuflyma/ adalimumab-aaty Yusimry	**1.** Approve if the patient meets BOTH of the following (A and B): **A)** Patient meets the standard *Inflammatory Conditions – Adalimumab Products Prior Authorization Policy* criteria; AND **B)** Patient meets BOTH of the following (i and ii): **i.** Patient has tried ALL of Cyltezo/adalimumab-adbm, adalimumab-adaz, and Simlandi/adalimumab-ryvk **[documentation required]**; AND **ii.** Patient cannot continue to use ALL Preferred medications (i.e., Cyltezo/adalimumab-adbm, adalimumab-adaz, and Simlandi/adalimumab-ryvk) due to formulation differences in the inactive ingredient(s) [e.g., differences in stabilizing agent, buffering agent, and/or surfactant] which, according to the prescriber, would result in a significant allergy or serious adverse reaction **[documentation required]**. **2.** If the patient has met the standard *Inflammatory Conditions – Adalimumab Products Prior Authorization Policy* criteria (1A), but has not met exception criteria (1B): approve the Preferred Products. For selected indications, patient will also be referred to other Preferred Products. Refer to Appendix A.
Humira (NDCs starting with 00074)	**1.** Approve if the patient meets BOTH of the following (A and B): **A)** Patient meets the standard *Inflammatory Conditions – Adalimumab Products Prior Authorization Policy* criteria; AND

	B) Patient meets BOTH of the following (i and ii): **i.** Patient meets ONE of the following (a or b): **ii.** Patient has tried ONE of Cyltezo/adalimumab-adbm, adalimumab-adaz, or Simlandi/adalimumab-ryvk **[documentation required]**; AND **iii.** Patient cannot continue to use the Preferred medications (i.e., Cyltezo/adalimumab-adbm, adalimumab-adaz, or Simlandi/adalimumab-ryvk) due to formulation differences in the inactive ingredient(s) [e.g., differences in stabilizing agent, buffering agent, and/or surfactant] which, according to the prescriber, would result in a significant allergy or serious adverse reaction **[documentation required]**. **2.** If the patient has met the standard *Inflammatory Conditions – Adalimumab Products Prior Authorization Policy* criteria (1A), but has not met exception criteria (1B): approve the Preferred Products. For selected indications, the patient will also be referred to other Preferred Products. Refer to Appendix A.
Humira (NDCs starting with 83457)	Humira (NDCs starting with 83457) are not approved. Offer to review for Humira (NDCs starting with 00074).
Hyrimoz	Hyrimoz is not approved. Offer to review for adalimumab-adaz using the *Inflammatory Conditions – Adalimumab Products Prior Authorization Policy* criteria.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Adalimumab 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. Coverage of Adalimumab is recommended in circumstances that are listed in the Recommended Authorization Criteria (FDA-Approved Indications and Other Uses with Supportive Evidence). (Note: This is not an exhaustive list of Conditions Not Recommended for Approval.)

1. **Concurrent Use with a Biologic DMARD or Targeted Synthetic DMARD.** Adalimumab should not be administered in combination with another biologic agent for an inflammatory condition (e.g., TNF antagonists [Cimzia, Enbrel, Remicade, Simponi SC, or Simponi Aria], Actemra, Kineret, Orencia, or Rituxan® [rituximab for IV infusion], or Stelara). Combination therapy with two biologic agents is not recommended due to a higher rate of AEs with combinations and/or lack of additive efficacy. Xeljanz should not be used in combination with biologic DMARDs such as Adalimumab. Targeted synthetic DMARDs (e.g., Xeljanz, Otezla) do not have data supporting use in combination with biologic DMARDs. Do to similar safety concerns (i.e., increased risk of Aes) plus no evidence of additive efficacy, targeted synthetic DMARDs should not be used in combination with biologic DMARDs such as Adalimumab. Note: This does NOT exclude the use of conventional synthetic DMARDs (e.g., MTX, leflunomide, hydroxychloroquine, and sulfasalazine) in combination with Adalimumab.

2. **Polymyalgia Rheumatica (PMR).** EULAR/ACR guidelines for the management of PMR (2015) strongly recommend against the use of TNFis for treatment of PMR.This recommendation is based on lack of evidence for benefit as well as considerable potential for potential harm.

3. **Concurrent use with Otezla.** There is no evidence to suggest that Otezla in combination with Humira is superior to monotherapy.

4. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

Approval Duration: dependent on indication. See criteria above.

Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

APPENDIX A.

Other (Non-Adalimumab) Preferred Products by Indication.

Rheumatology					Dermatology	Gastroenterology	
RA	**JIA**	**AS**	**nr-axSpA**	**PsA**	**Psoriasis**	**CD**	**UC**
• **Enbrel**	• **Enbrel**	• **Enbrel** • **Taltz**	• **Cimzia** • **Taltz**	• **Enbrel** • **Otezla** • **Skyrizi SC**[#] • **Stelara SC** • **Taltz** • **Tremfya SC**	• **Enbrel** • **Otezla** • **Skyrizi SC** • **Sotyktu** • **Stelara SC** • **Taltz** • **Tremfya SC**	• **Skyrizi SC** (on-body injector) • **Stelara SC** • **Zymfentra**	• **Omvoh SC** • **Skyrizi SC** (on-body injector) • **Stelara SC** • **Tremfya SC** • **Zymfentra**

HCPCS Code J0135 requires prior approval.

References

- Humira® injection [prescribing information]. North Chicago, IL: AbbVie Inc.; October 2018..
- Keystone EC, Kavanaugh AF, Sharp JT, et al. Radiographic, clinical, and functional outcomes of treatment with humira (a human anti-tumor necrosis factor monoclonal antibody) in patients with active rheumatoid arthritis receiving concomitant methotrexate therapy: a randomized, placebo-controlled, 52-week trial. *Arthritis Rheum.* 2004;50:1400-1411.

- Furst DE, Schiff MH, Fleischmann RM, et al. Humira, a fully human anti tumor necrosis factor-alpha monoclonal antibody, and concomitant standard antirheumatic therapy for the treatment of rheumatoid arthritis: results of STAR (Safety Trial of Humira in Rheumatoid Arthritis). *J Rheumatol*. 2003;30:2563-2571.
- Breedveld FC, Weisman MH, Kavanaugh AF, et al; for the PREMIER Investigators. The PREMIER study: a multicenter, randomized, double-blind clinical trial of combination therapy with humira plus methotrexate versus methotrexate alone or humira alone in patients with early, aggressive rheumatoid arthritis who had not had previous methotrexate treatment. *Arthritis Rheum.* 2006;54:26-37.
- Lovell DJ, Ruperto N, Goodman S, et al. Humira with or without methotrexate in juvenile rheumatoid arthritis. *N Engl J Med*. 2008;359:810-820.
- Mease PJ, Gladman DD, Ritchlin CT, et al. Humira for the treatment of patients with moderately to severely active psoriatic arthritis: results of a double-blind, randomized, placebo-controlled trial. *Arthritis Rheum*. 2005;52:3279-3289.
- Menter A, Tyring SK, Gordon K, et al. Humira therapy for moderate to severe psoriasis: A randomized, controlled phase III trial. *J Am Acad Dermatol.* 2008;58:106-115.
- Saurat JH, Stingl G, Dubertret L, et al; for the CHAMPION Study Investigators. Efficacy and safety results from the randomized controlled comparative study of humira vs. methotrexate vs. placebo in patients with psoriasis (CHAMPION). *Br J Dermatol.* 2008;158:558-566.
- Hanauer SB, Sandborn WJ, Rutgeerts P, et al. Human anti-tumor necrosis factor monoclonal antibody (humira) in Crohn's disease: the CLASSIC-I trial. *Gastroenterology.* 2006;130:323-333.
- Colombel J, Sandborn WJ, Rutgeerts P, et al. Humira for maintenance of clinical response and remission in patients with Crohn's disease: The CHARM trial. *Gastroenterology.* 2007;132:52-65.
- Reinisch W, Sandborn WJ, Hommes DW, et al. Humira for induction of clinical remission in moderately to severely active ulcerative colitis: results of a 15heumatic15 controlled trial. *Gut.* 2011;60(6):780-787.
- Sandborn WJ, van Assche G, Reinisch W, et al. Humira induces and maintains clinical remission in patients with moderate-to-severe ulcerative colitis. *Gastroenterology*. 2012;142(2):257-65.e1-3.
- Singh JA, Saag KG, Bridges SL Jr, et al. 2015 American College of Rheumatology Guideline for the treatment of rheumatoid arthritis. *Arthritis Rheumatol*. 2016;68(1):1-26.
- van der Heijde D, Sieper J, Maksymowych WP, et al. 2010 Update of the international ASAS recommendations for the use of anti-TNF agents in patients with axial spondyloarthritis. *Ann Rheum Dis.* 2011;70(6):905-908.
- Ward MM, Deodhar A, Akl EA, et al. American College of Rheumatology/Spondylitis Association of America/Spondyloarthritis Research and Treatment Network 2015 Recommendations for the treatment of ankylosing spondylitis and nonradiographic axial spondyloarthritis. *Arthritis Rheumatol*. 2015 Sep 24. [Epub ahead of print].
- Gecse KB, Bemelman W2, Kamm MA, et al. A global consensus on the classification, diagnosis and multidisciplinary treatment of perianal fistulising Crohn's disease. *Gut.* 2014;63(9):1381-1392.
- Papamichael K, Archavlis E, Lariou C, Mantzaris GJ. Humira for the prevention and/or treatment of post-operative recurrence of Crohn's disease: a prospective, two-year, single center, pilot study. *J Crohns Colitis*. 2012;6(9):924-931.
- Aguas M, Bastida G, Cerrillo E, et al. Humira in prevention of postoperative recurrence of Crohn's disease in high-risk patients. *World J Gastroenterol*. 2012;18(32):4391-4398.
- Tursi A, Elisei W, Picchio M, et al. Comparison of the effectiveness of infliximab and humira in preventing postoperative recurrence in patients with Crohn's disease: an open-label, pilot study. *Tech Coloproctol*. 2014;18(11):1041-1046.
- Hyams JS, Griffiths A, Markowitz J, et al. Safety and efficacy of humira for moderate to severe Crohn's disease in children. *Gastroenterology.* 2012;143(2):365-374.e2.
- Terdiman JP, Gruss CB, Heidelbaugh JJ, et al. American Gastroenterological Association Institute guideline on the use of thiopurines, methotrexate, and anti-TNF-α biologic drugs for the induction and maintenance of remission in inflammatory Crohn's disease. *Gastroenterology*. 2013;145(6):1459-1463.
- Castaño-Milla C, Chaparro M, Saro C, et al. Effectiveness of humira in perianal fistulas in Crohn's disease patients naive to anti-TNF therapy. *J Clin Gastroenterol*. 2015;49(1):34-40.
- Beukelman T, Patkar NM, Saag KG, et al. 2011 American College of Rheumatology recommendations for the treatment of juvenile idiopathic arthritis: Initiation and safety monitoring of therapeutic agents for the treatment of arthritis and systemic features. *Arthritis Care Res (Hoboken).* 2011;63(4):465-482.
- Ringold S, Weiss PF, Beukelman T, et al. 2013 update of the 2011 American College of Rheumatology recommendations for the treatment of juvenile idiopathic arthritis: recommendations for the medical therapy of children with systemic juvenile idiopathic arthritis and tuberculosis screening among children receiving biologic medications. *Arthritis Rheum*. 2013;65(10):2499-2512.

- Alikhan A, Lynch PJ, Eisen DB. Hidradenitis suppurativa: a comprehensive review. *J Am Acad Dermatol.* 2009 ;60:539-561.
- Kimball AB, Kerdel F, Adams D, et al. Humira for the treatment of moderate to severe Hidradenitis suppurativa: a parallel randomized trial. *Ann Intern Med*. 2012;157(12):846-855.
- Miller I, Lynggaard CD, Lophaven S, et al. A double-blind placebo-controlled randomized trial of humira in the treatment of hidradenitis suppurativa. *Br J Dermatol*. 2011;165(2):391-398.
- Arenbergerova M, Gkalpakiotis S, Arenberger P. Effective long-term control of refractory hidradenitis suppurativa with humira after failure of conventional therapy. *Int J Dermatol*. 2010;49(12):1445-1449.
- Moul DK, Korman NJ. The cutting edge. Severe hidradenitis suppurativa treated with humira. *Arch Dermatol.* 2006;142:1110-1112.
- Yamauchi PS, Mau N. Hidradenitis suppurativa managed with humira. *J Drugs Dermatol.* 2009;8:181-183.
- Sotiriou E, Goussi C, Lallas A, et al. A prospective open-label clinical trial of efficacy of the every week administration of humira in the treatment of hidradenitis suppurativa. *J Drugs Dermatol*. 2012;11(5 Suppl):s15-20.
- Hsu S, Papp KA, Lebwohl MG, et al. Consensus guidelines for the management of plaque psoriasis. *Arch Dermatol*. 2012;148(1):95-102.
- Ash Z, Gaujoux-Viala C, Gossec L, et al. A systematic literature review of drug therapies for the treatment of psoriatic arthritis: current evidence and meta-analysis informing the EULAR recommendations for the management of psoriatic arthritis. *Ann Rheum Dis*. 2012;71(3):319-326.
- Acosta Felquer ML, Coates LC, et al. Drug therapies for peripheral joint disease in psoriatic arthritis: a systematic review. *J Rheumatol*. 2014;41(11):2277-2285.
- Pardi DS, D'Haens G, Shen B, et al. Clinical guidelines for the management of pouchitis. *Inflamm Bowel Dis.* 2009;15(9):1424-1431.
- Kornbluth A, Sachar DB; Practice Parameters Committee of the American College of Gastroenterology. Ulcerative colitis practice guidelines in adults: American College of Gastroenterology, Practice Parameters Committee. *Am J Gastroenterol*. 2010;105(3):501-523.
- Barreiro-de Acosta M, García-Bosch O, Gordillo J, et al. Efficacy of humira rescue therapy in patients with chronic refractory pouchitis previously treated with infliximab: a case series. *Eur J Gastroenterol Hepatol.* 2012;24(7):756-758.
- Levy-Clarke G, Jabs DA, Read RW, et al. Expert panel recommendations for the use of anti-tumor necrosis factor biologic agents in patients with ocular inflammatory disorders. *Ophthalmology.* 2014;121(3):785-796.
- Bawazeer A, Raffa LH, Nizamuddin. Clinical experience with humira in the treatment of ocular Behçet disease. *Ocul Immunol Inflamm*. 2010;18(3):226-232.
- Atzeni F, Leccese P, D'Angelo S, et al. Successful treatment of leg ulcers in Behçet's disease using humira plus methotrexate after the failure of infliximab. *Clin Exp Rheumatol*. 2010;28(4 Suppl 60):S94.
- Hatemi G, Silman A, Bang, D, et al. EULAR recommendations for the management of Behcet disease. *Ann Rheum Dis.* 2008;67:1656-1662.
- Maneiro JR, Salgado E, Gomez-Reino JJ, et al. Efficacy and Safety of TNF Antagonists in Sarcoidosis: Data from the Spanish Registry of Biologics BIOBADASER and a Systematic Review. *Semin Arthritis Rheum.* 2012;42(1):89-103.
- Paramarta JE1, De Rycke L, Heijda TF, et al. Efficacy and safety of humira for the treatment of peripheral arthritis in spondyloarthritis patients without ankylosing spondylitis or psoriatic arthritis. *Ann Rheum Dis*. 2013;72(11):1793-1799.
- Haibel H, Rudwaleit M, Listing J, et al. Efficacy of humira in the treatment of axial spondylarthritis without radiographically defined sacroiliitis: results of a twelve-week randomized, double-blind, placebo-controlled trial followed by an open-label extension up to week fifty-two. *Arthritis Rheum.* 2008;58:1981-1991.
- Biester S, Deuter C, Michels H, et al. Humira in the therapy of uveitis in childhood. *Br J Ophthalmol.* 2007;91:319-324.
- Tynjälä P, Kotaniemi K, Lindahl P, et al. Humira in juvenile idiopathic arthritis-associated chronic anterior uveitis. *Rheumatology (Oxford).* 2008;47:339-344.
- Díaz-Llopis M, Salom D, Garcia-de-Vicuña C, et al. Treatment of refractory uveitis with humira: a prospective multicenter study of 131 patients. *Ophthalmology*. 2012;119(8):1575-1581.
- Rudwaleit M, Rødevand E, Holck P, et al. Humira effectively reduces the rate of anterior uveitis flares in patients with active ankylosing spondylitis: results of a prospective open-label study. *Ann Rheum Dis*. 2009;68(5):696-701.
- Dejaco C, Singh YP, Perel P, et al. 2015 Recommendations for the management of polymyalgia 16heumatic: a European League Against Rheumatism/American College of Rheumatology Collaborative Initiative. *Arthritis Rheumatol.* 2015;67(10):2569-2580.
- Van der Zee HH, Laman JD, de Ruiter L, Dik WA, Prens EP. Humira (antitumour necrosis factor-α) treatment of hidradenitis suppurativa ameliorates skin inflammation: an in situ and ex vivo study. Br J Dermatol. 2012 Feb;166(2):298-305

- FDA press release "Statement from Sarah Yim, M.D., acting director of the Office of Therapeuitc Biologics and Biosimilars in the FDA's Center for Drug Evaluation and Research, on FDA's continued progress facilitating competition in the biologic marketplace with approval of 25th biosimilar product". Accessed at www.fda.gov on November 20, 2019.