Pharmacy Policy Bulletin

Title: Adalimumab (Humira®)  
Policy #: Rx.01.1

Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification, age, gender or quantity restrictions. Individual member benefits must be verified.

This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. This Pharmacy Policy will be regularly updated as scientific and medical literature becomes available. This information may include new FDA-approved indications, withdrawals, or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

 vídeos Intent: 
Adalimumab (Humira®) is indicated for the treatment of Crohn’s disease, moderate to severe rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis, moderate to severe juvenile idiopathic arthritis (JIA) and moderate to severe plaque psoriasis.

The use of adalimumab (Humira®) requires prior authorization (i.e. clinical pharmacist and/or Medical Director review).

 vídeos Description: 
Adalimumab (Humira®) is a recombinant human IgG1 monoclonal antibody that blocks tumor necrosis factor (TNF). TNF is a naturally occurring cytokine that plays a role in inflammatory and immune responses. Elevated TNF levels can cause inflammation and joint destruction in individuals with rheumatoid arthritis, ankylosing spondylitis, juvenile idiopathic arthritis, and psoriatic arthritis. Adalimumab (Humira®) binds to TNF-alpha, blocks its interaction with surface TNF receptors, and causes surface lysis (breakdown), leading to decreased inflammation and joint destruction. Adalimumab (Humira®) does not bind to or inactivate TNF-beta. 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. Adalimumab (Humira®) decreases C-reactive protein, erythrocyte sedimentation rate, IL-6, and matrix metalloproteinases MMP-1 and MMP-3.

 vídeos Black Box Warning: 
Serious infections: 
Patients treated with adalimumab are at increased risk of developing serious infections that may lead to hospitalization or death. Most patients who developed these infections were taking concomitant immunosuppressants, such as methotrexate or corticosteroids. Discontinue adalimumab if a patient develops a serious infection or sepsis. Reported infections include the following:
Active tuberculosis (TB), including reactivation of latent TB. Patients with TB frequently have presented with disseminated or extrapulmonary disease. Test patients for latent TB before adalimumab use and during therapy. Initiate treatment for latent infection prior to adalimumab use.
Invasive fungal infections, including histoplasmosis, coccidioidomycosis, candidiasis, aspergillosis,
blastomycosis, and pneumocystosis. Patients with histoplasmosis or other invasive fungal infections may present with disseminated, rather than localized, disease. Antigen and antibody testing for histoplasmosis may be negative in some patients with active infection. Consider empiric antifungal therapy in patients at risk of invasive fungal infections who develop severe systemic illness. Bacterial, viral, and other infections caused by opportunistic pathogens, including Legionella and Listeria.

Carefully consider the risks and benefits of treatment with adalimumab prior to initiating therapy in patients with chronic or recurrent infection. Closely monitor patients for the development of signs and symptoms of infection during and after treatment with adalimumab, including the possible development of TB in patients who tested negative for latent TB infection prior to initiating therapy.

Malignancy: Lymphoma and other malignancies, some fatal, have been reported in children and adolescents treated with tumor necrosis factor (TNF) blockers. Postmarketing cases of hepatosplenic T-cell lymphoma (HSTCL), a rare type of T-cell lymphoma, have been reported in patients treated with TNF blockers. These cases have had a very aggressive disease course and have been fatal. The majority of reported TNF blocker cases have occurred in patients with Crohn’s disease or ulcerative colitis and the majority were in adolescent and young adult males. Almost all these patients had received treatment with azathioprine or 6-mercaptopurine concomitantly with a TNF blocker at or prior to diagnosis. It is uncertain whether the occurrence of HSTCL is related to use of a TNF blocker or a TNF blocker in combination with these other immunosuppressants.

**Policy:**

Adalimumab (Humira®) is approved when any of the following inclusion criteria are met:

1) Documentation of a diagnosis of moderate to severe Rheumatoid Arthritis, Ankylosing Spondylitis or Psoriatic Arthritis and ALL of the following:
   a) Patient is an adult (≥ 18 years)
   b) Medication is being recommended by a rheumatologist
   c) Patient had inadequate response or inability to tolerate ONE of the following disease-modifying anti-rheumatic drugs (DMARDs): Methotrexate, Hydroxychloroquine, Leflunomide, Azathioprine, Sulfasalazine, Etanercept (Enbrel®)
   d) Patient is not on concurrent therapy with other tumor necrosis factor antagonists

2) Documentation of a diagnosis of moderate to severe Juvenile Idiopathic Arthritis (JIA) and ALL of the following:
   a) Patient is ≥ 4 years old
   b) Medication is being recommended by a rheumatologist
   c) Patient had inadequate response or inability to tolerate ONE of the following disease-modifying anti-rheumatic drugs (DMARDs): Methotrexate, Hydroxychloroquine, Leflunomide, Azathioprine, Sulfasalazine, Etanercept (Enbrel®)
   d) Patient is not on concurrent therapy with other tumor necrosis factor antagonists

3) Documentation of a diagnosis of moderate to severe chronic Plaque Psoriasis and ALL of the following:
   a) Patient is an adult (≥ 18 years)
   b) Medication is being recommended by a dermatologist
   c) Patient had an inadequate response or inability to tolerate ONE of the following drugs:
      Topical Calcipotriene containing products, Topical Anthralin, Topical Steroids, Topical
immunomodulators (Elidel®, Protopic®), Topical retinoids, Etanercept (Enbrel®)
d) Patient is not on concurrent therapy with other tumor necrosis factor antagonists

4) Documentation of a diagnosis of Crohn’s disease and ALL of the following:

a) Patient is an adult (≥ 18 years old)
b) Medication is being recommended by a gastroenterologist
c) Patient had inadequate response or inability to tolerate one drug from any TWO of the following groups: (i) Corticosteroids: Budesonide (Entocort®EC), Prednisone, Hydrocortisone, Methylprednisolone; (ii) Aminosalicylates: Sulfasalazine, Mesalamine (Asacol®, Canasa®, Pentasa®), Olsalazine (Dipentum®), Balsalazide (Colazal™); (iii) Immunomodulators: Azathioprine, 6-mercaptopurine, Cyclosporine, Sirolimus (Prograf®), Methotrexate; (iv) Antibiotics: Metronidazole or Fluoroquinolones
d) Patient is not on concurrent therapy with other tumor necrosis factor antagonists

5) Documentation of a diagnosis of moderately to severely active ulcerative colitis and all of the following:

a) Patient is an adult (≥ 18 years)
b) Medication is being recommended by a gastroenterologist
c) Patient had inadequate response or inability to tolerate at least ONE of the following medications: Corticosteroids, Azathioprine, or 6-mercaptopurine
d) Patient is not on concurrent therapy with other tumor necrosis factor antagonists

Guidelines:
Refer to the specific manufacturer’s prescribing information for administration and dosage details and any applicable Black Box warnings.

BENEFIT APPLICATION

Subject to the terms and conditions of the applicable benefit contract, the applicable drug(s) identified in this policy is (are) covered under the pharmacy benefits of the Company’s products when the medical necessity criteria listed in this pharmacy policy are met. Any services that are experimental/investigational or cosmetic are benefit contract exclusions for all products of the Company.

References:


**Applicable Drugs:**

Inclusion of a drug in this table does not imply coverage. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
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<tr>
<td>Humira</td>
<td>adalimumab</td>
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**Cross References:**

Policy Version Number: 6.00

P&T Approval Date: July 11, 2013

Policy Effective Date: September 01, 2013

Next Required Review Date: July 11, 2014

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