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.

**Intent:**
The intent of this policy is to communicate the medical necessity criteria for abatacept (Orencia® SQ), adalimumab (Humira®), anakinra (Kineret®), apremilast (Otezla®), certolizumab (Cimzia®), etanercept (Enbrel®), golimumab (Simponi®), secukinumab (Cosentyx™), tocilizumab (Actemra SQ®), tofacitinib (Xeljanz [XR]®), methotrexate injection (Otrexup™, Rasuvo®), ustekinumab (Stelara®) and izekizumab (Taltz™) as provided under the member's pharmacy benefit.

**Description:**
Abatacept (Orencia® SQ) is a selective costimulation modulator, inhibits T-cell (T-lymphocyte) activation by binding to CD80 and CD86, thereby blocking interaction with CD28. This interaction provides a costimulatory signal necessary for full activation of T-lymphocytes. Activated T-lymphocytes are implicated in the pathogenesis of RA and are found in the synovium of patients with RA.

Adalimumab (Humira®) is a recombinant human immunoglobulin G1 (IgG1) monoclonal antibody, which binds specifically to TNF-alpha and blocks its interaction with the p55 and p75 cell surface TNF receptors. Adalimumab also lyses surface TNF-expressing cells in vitro in the presence of a complement. Adalimumab does not bind or inactivate lymphotoxin (TNF-beta). Adalimumab 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 a 50% inhibitory concentration of 1 to 2 × 10^{-10}M).

Anakinra (Kineret®) is a recombinant, nonglycosylated form of the human interleukin-1 receptor antagonist (IL-1Ra). It blocks the biologic activity of IL-1 alpha and beta by competitively inhibiting IL-1 binding to the IL-1RI, which is expressed in a wide variety of tissues and organs.

Apremilast (Otezla®) inhibits phosphodiesterase 4 (PDE4) specific for cyclic adenosine
monophosphate (cAMP) which results in increased intracellular cAMP levels and regulation of numerous inflammatory mediators (e.g., decreased expression of nitric oxide synthase, TNF-alpha, and interleukin [IL]-23, as well as increased IL-10).

Certolizumab (Cimzia®) is a pegylated humanized antibody Fab. fragment of tumor necrosis factor alpha (TNF-alpha) monoclonal antibody. Certolizumab pegol binds to and selectively neutralizes human TNF-alpha activity.

Etanercept (Enbrel®) is a dimeric soluble form of the p75 TNFR that can bind TNF molecules. Etanercept inhibits binding of TNF-alpha and TNF-beta (lymphotoxin alpha) to cell surface TNFRs, rendering TNF biologically inactive. In in vitro studies, large complexes of etanercept with TNF-alpha were not detected, and cells expressing transmembrane TNF that binds etanercept are not lysed in the presence or absence of complement.

Golimumab (Simponi®) is a human monoclonal antibody that binds to both the soluble and transmembrane bioactive forms of human TNF-alpha. This interaction prevents the binding of TNF-alpha to its receptors, thereby inhibiting the biological activity of TNF-alpha (a cytokine protein).

Izekizumab (Taltz™) is a humanized IgG4 monoclonal antibody that selectively binds with the interleukin 17A (IL-17A) cytokine and inhibits its interaction with the IL-17 receptor. IL-17A is a naturally occurring cytokine that is involved in normal inflammatory and immune responses. Ixekizumab inhibits the release of proinflammatory cytokines and chemokines.

Secukinumab (Cosentyx™) is a human IgG1 monoclonal antibody that selectively binds to interleukin-17A (IL-17A) cytokine and inhibits its interaction with the IL-17 receptor. IL-17A is a naturally occurring cytokine that is involved in normal inflammatory and immune responses. Secukinumab inhibits the release of proinflammatory cytokines and chemokines.

Tocilizumab (Actemra® SQ) is an antagonist of the interleukin-6 (IL-6) receptor. Endogenous IL-6 is induced by inflammatory stimuli and mediates a variety of immunological responses. Inhibition of IL-6 receptors by tocilizumab leads to a reduction in cytokine and acute phase reactant production.

Tofacitinib (Xeljanz®) inhibits Janus kinase (JAK) enzymes, which are intracellular enzymes involved in stimulating hematopoiesis and immune cell function through a signaling pathway. In response to extracellular cytokine or growth factor signaling, JAKs activate signal transducers and activators of transcription (STATs), which regulate gene expression and intracellular activity. Inhibition of JAKs prevents cytokine- or growth factor–mediated gene expression and intracellular activity of immune cells, reduces circulating CD16/56+ natural killer cells, serum IgG, IgM, IgA, and C-reactive protein, and increases B cells.

Ustekinumab (Stelara®) disrupts IL-12 and IL-23 mediated signaling and cytokine cascades.

Methotrexate injection (Otrexup™, Rasuvo®) inhibits dihydrofolate acid reductase. Dihydrofolates must be reduced to tetrahydrofolates by this enzyme before they can be utilized as carriers of 1-carbon groups in the synthesis of purine nucleotides and thymidylate. Therefore, methotrexate interferes with DNA synthesis, repair, and cellular replication. Actively proliferating tissues such as malignant cells, bone marrow, fetal cells, buccal and intestinal mucosa, and cells of the urinary bladder are in general more sensitive to this effect of methotrexate. When cellular proliferation in malignant tissues is greater than in most normal tissues, methotrexate may impair malignant growth without irreversible damage to healthy tissues.

The mechanism of action in RA is unknown; it may affect immune function.

In psoriasis, the rate of production of epithelial cells in the skin is greatly increased over normal skin.
This differential in proliferation rates is the basis for the use of methotrexate to control the psoriatic process.

Summary Tables

Table 1: Non-biologics

<table>
<thead>
<tr>
<th>Indication</th>
<th>Agent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ankylosing Spondylitis</td>
<td>Otelza (apremilast)</td>
</tr>
<tr>
<td>Crohn's Disease</td>
<td>Otrexup, Rasuvo (methotrexate)</td>
</tr>
<tr>
<td>Neonatal-onset Multisystem Inflammatory Disease (NOMID)/Cryopyrin-Associated Periodic Syndromes (CAPS)</td>
<td></td>
</tr>
<tr>
<td>Plaque Psoriasis</td>
<td>X</td>
</tr>
<tr>
<td>Polyarticular Juvenile Idiopathic Arthritis (JIA)</td>
<td>X</td>
</tr>
<tr>
<td>Psoriatic Arthritis</td>
<td>X</td>
</tr>
<tr>
<td>Rheumatoid Arthritis</td>
<td>X</td>
</tr>
<tr>
<td>Systemic JIA</td>
<td>X</td>
</tr>
<tr>
<td>Ulcerative Colitis</td>
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</table>

Table 2: Non-Tumor Necrosis Factor (TNF) Biologics

<table>
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<tr>
<th>Indication</th>
<th>Agent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ankylosing Spondylitis</td>
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<td>Stelara (ustekinumab)</td>
</tr>
<tr>
<td>Neonatal-onset Multisystem Inflammatory Disease (NOMID)/Cryopyrin-Associated Periodic Syndromes (CAPS)</td>
<td>Cosentyx (secukinumab)</td>
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<td>Orencia SQ (abatacept)</td>
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<tr>
<td>Ulcerative Colitis</td>
<td>Xeljanz (tofacitinib)</td>
</tr>
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<td>Plaque Psoriasis</td>
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<tr>
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<td>X</td>
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<tr>
<td>Indication</td>
<td>Cimzia (certolizumab)</td>
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<td>Crohn's Disease</td>
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<td>Hydradenitis Suppurativa</td>
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<tr>
<td>Uveitis</td>
<td>X</td>
</tr>
</tbody>
</table>

**Policy:**

A. **Rheumatoid Arthritis (RA)**

1. **Adalimumab (Humira®) or certolizumab (Cimzia®)** is approved when there is a diagnosis of moderate to severe RA and ALL of the following:
   a. Member is 18 years of age or older; and
   b. Recommended by a rheumatologist; and
   c. Member had inadequate response of inability to tolerate ONE of the following disease-modifying anti-rheumatic drugs (DMARDS): methotrexate, hydroxychloroquine, leflunomide, azathioprine, sulfasalazine; and
   d. No concurrent therapy with any other biologic DMARD (i.e. tumor necrosis...
factor antagonists)

2. Golimumab (Simponi®) is approved when there is a diagnosis of moderate to severe RA and ALL of the following:
   a. Member is 18 years of age or older; and
   b. Recommended by a rheumatologist; and
   c. Used in conjunction with methotrexate; and
   d. No concurrent therapy with any other biologic DMARD (i.e., tumor necrosis factor antagonists)

3. Abatacept (Orencia® SQ), anakinra (Kineret®), etanercept (Enbrel®) or tocilizumab (Actemra® SQ) is approved when there is a diagnosis of moderate to severe RA and ALL of the following:
   a. Member is 18 years of age or older; and
   b. Recommended by a rheumatologist; and
   c. Inadequate response or inability to tolerate TWO of the following: adalimumab (Humira®), certolizumab (Cimzia®), or golimumab (Simponi®) or documentation demonstrating a trial may be inappropriate; and
   d. No concurrent therapy with any other biologic DMARD (i.e., tumor necrosis factor antagonists)

4. Tofacitinib (Xeljanz®) is approved when there is a diagnosis of moderate to severe RA and all of the following:
   a. Member is 18 years of age or older; and
   b. Recommended by a rheumatologist; and
   c. Inadequate response or inability to tolerate methotrexate; and
   d. Inadequate response or inability to tolerate TWO of the following: adalimumab (Humira®), certolizumab (Cimzia®), or golimumab (Simponi®) or documentation demonstrating a trial may be inappropriate; and
   e. No concurrent therapy with either of the following:
      i. A biologic DMARD (i.e., tumor necrosis factor antagonists)
      ii. A potent immunosuppressant (i.e., azathioprine, cyclosporine)

5. Methotrexate injection (Otrexup™, Rasuvo®) is approved when there is diagnosis of severe, active rheumatoid arthritis (RA) and ALL of the following:
   a. Recommended by a rheumatologist; and
   b. Inadequate response or inability to tolerate oral methotrexate

B. Ankylosing Spondylitis (AS)
   1. Adalimumab (Humira®), certolizumab (Cimzia®), or golimumab (Simponi®) is approved when there is a diagnosis of AS and ALL of the following:
      a. Member is 18 years of age or older; and
      b. Recommended by a rheumatologist; and
      c. Member had inadequate response of inability to tolerate ONE of the following disease-modifying anti-rheumatic drugs (DMARDS): methotrexate, hydroxychloroquine, leflunomide, azathioprine, sulfasalazine; and
      d. No concurrent therapy with any other biologic DMARD (i.e., tumor necrosis factor antagonists)
   2. Etanercept (Enbrel®) or secukinumab (Cosentyx) is approved when there is a diagnosis of active AS and ALL of the following:
      a. Member is 18 years of age or older; and
      b. Recommended by a rheumatologist; and
      c. Inadequate response or inability to tolerate TWO of the following: adalimumab (Humira®), certolizumab (Cimzia®), or golimumab (Simponi®) or documentation demonstrating a trial may be inappropriate; and
      d. No concurrent therapy with any other biologic DMARD (i.e., tumor necrosis factor antagonists)

C. Polyarticular Juvenile Idiopathic Arthritic (PJIA)
   1. Adalimumab (Humira®) is approved when there is a diagnosis of moderate to severe
PJIA and ALL of the following:
   a. Member is 2 years of age or older; and
   b. Recommended by a rheumatologist; and
   c. Inadequate response or inability to tolerate ONE of the following DMARDs:
      methotrexate, hydroxychloroquine, leflunomide, azathioprine, sulfasalazine; and
   d. No concurrent therapy with any other biologic DMARD (i.e., tumor necrosis factor antagonists)
2. Etanercept (Enbrel®) is approved when there is a diagnosis of moderate to severe PJIA and ALL of the following:
   a. Member is 2 years of age or older; and
   b. Recommended by a rheumatologist; and
   c. Inadequate response or inability to tolerate alimumab (Humira®) or documentation demonstrating a trial may be inappropriate; and
   d. No concurrent therapy with any other biologic DMARD (i.e., tumor necrosis factor antagonists)
3. Methotrexate injection (Otrexup™, Rasuvo ®) is approved when there is diagnosis of polyarticular juvenile idiopathic arthritis (pJIA) and ALL of the following:
   a. Recommended by a rheumatologist; and
   b. Inadequate response or inability to tolerate oral methotrexate

D. Psoriatic Arthritis
1. Adalimumab (Humira®), certolizumab (Cimzia®), ustekinumab (Stelara®), or golimumab (Simponi®) is approved when there is a diagnosis of moderate to severe psoriatic arthritis and ALL of the following:
   a. Member is 18 years of age or older; and
   b. Recommended by a rheumatologist; and
   c. Member had inadequate response of inability to tolerate ONE of the following disease-modifying anti-rheumatic drugs (DMARDS): methotrexate, hydroxychloroquine, leflunomide, azathioprine, sulfasalazine; and
   d. No concurrent therapy with any other biologic DMARD (i.e., tumor necrosis factor antagonists)
2. Apremilast (Otezla®), etanercept (Enbrel®), or secukinumab (Cosentyx) is approved when there is a diagnosis of moderate to severe psoriatic arthritis and ALL of the following:
   a. Member is 18 years of age or older; and
   b. Recommended by a rheumatologist; and
   c. Inadequate response or inability to tolerate TWO of the following: adalimumab (Humira®), certolizumab (Cimzia®), golimumab (Simponi®), or ustekinumab (Stelara®), or documentation demonstrating a trial may be inappropriate; and
   d. No concurrent therapy with any other biologic DMARD (i.e., tumor necrosis factor antagonists)
3. Methotrexate injection (Otrexup™, Rasuvo ®) is approved when there is diagnosis of psoriatic arthritis (PsA) and ALL of the following:
   a. Recommended by a rheumatologist; and
   b. Inadequate response or inability to tolerate oral methotrexate

E. Plaque Psoriasis
1. Adalimumab (Humira®) or ustekinumab (Stelara®) is approved when there is a diagnosis of moderate to severe chronic plaque psoriasis and ALL of the following:
   a. Member is 18 years of age or older; and
   b. Recommended by a dermatologist; and
   c. Member had inadequate response of inability to tolerate ONE of the following:
      topical calcipotriene containing products, topical anthralin, topical steroids, topical immune modulators (Elidel®, Protopic), topical retinoids; and
   d. No concurrent therapy with any other biologic DMARD (i.e., tumor necrosis factor antagonists)
2. Apremilast (Otezla®), etanercept (Enbrel®), izekizumab (Taltz™), or secukinumab (Cosentyx™) is approved when there is diagnosis of moderate to severe chronic plaque psoriasis and ALL of the following:
   a. Member is 18 years of age or older; and
   b. Recommended by a dermatologist; and
   c. Member had inadequate response or inability to tolerate ONE of the following: topical calcipotriene containing products, topical anthralin, topical steroids, topical immune modulators (Elidel®, Protopic), topical retinoids; and
   d. Inadequate response or inability to tolerate adalimumab (Humira®) and ustekinumab (Stelara®) or documentation demonstrating a trial may be inappropriate

3. Methotrexate injection (Otrexup™, Rasuvo®) is approved when any of the following inclusion criteria is met:
   a. Diagnosis of severe psoriasis and ALL of the following:
      i. Member is age 18 years or older
      ii. Recommended by a dermatologist
      iii. Inadequate response to ALL other standard therapy (e.g., oral methotrexate, all topical therapy modalities, phototherapy, etc.)

F. Crohn's Disease
   1. Adalimumab (Humira®), certolizumab (Cimzia®), or ustekinumab (Stelara®) is approved when there is a diagnosis of moderate to severe Crohn's disease and ALL of the following:
      a. Member is 6 years of age or older (adalimumab) or 18 years of age or older (certolizumab and ustekinumab); and
      b. Recommended by a gastroenterologist; and
      c. Member had inadequate response or inability to tolerate one drug from any of TWO of the following groups:
         i. Corticosteroids: budesonide (Entocort® EC), prednisone, hydrocortisone, methylprednisolone
         ii. Aminosalicylates: sulfasalazine, mesalamine (Asacol®, Rowasa®, Canasa®, Pentasa®)
         iii. Immunomodulators: azathioprine, 6-mercaptopurine, cyclosporine, tacrolimus (Prograf®), methotrexate
         iv. Antibiotics: metronidazole, levofloxacin
      d. No concurrent therapy with any other biologic DMARD (i.e., tumor necrosis factor antagonists)

G. Ulcerative Colitis (UC)
   1. Adalimumab (Humira®) or golimumab (Simponi®) is approved when there is a diagnosis of moderate to severe UC and ALL of the following:
      a. Member is 18 years of age or older; and
      b. Recommended by a gastroenterologist; and
      c. Patient had inadequate response or inability to tolerate ONE of the following medications: corticosteroids, azathioprine, 6-mercaptopurine; and
      d. No concurrent therapy with any other biologic DMARD (i.e., tumor necrosis factor antagonists)

H. Neonatal onset Multisystem Inflammatory Disease (NOMID)
   1. Anakinra (Kineret®) is approved when there is a diagnosis of NOMID and BOTH of the following:
      a. Recommended by a rheumatologist or other appropriate specialist; and
      b. No concurrent therapy with any other biologic DMARD (i.e., tumor necrosis factor antagonists)

I. Hydradenitis Suppurativa
   1. Adalimumab (Humira®) is approved when there is a diagnosis of moderate to severe
hidradenitis suppurativa (i.e. Hurley stage II or III) and BOTH of the following:
   a. Recommended by a dermatologist
   b. No concurrent therapy with any other biologic DMARD (i.e., tumor necrosis factor antagonists)

J. Uveitis
   1. Adalimumab (Humira®) is approved when there is a diagnosis of non-infectious intermediate, posterior, or panuveitis and ALL of the following:
      a. Recommended by an ophthalmologist
      b. Member had inadequate response or inability to tolerate ophthalmic and oral corticosteroids
      c. No concurrent therapy with any other biologic DMARD (i.e., tumor necrosis factor antagonists)

**Black Box Warning:**

**Adalimumab (Humira®)**

**SERIOUS INFECTIONS**

Patients treated with HUMIRA are at increased risk for 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 HUMIRA if a patient develops a serious infection or sepsis.

Reported infections include:
- Active tuberculosis (TB), including reactivation of latent TB. Patients with TB have frequently presented with disseminated or extrapulmonary disease. Test patients for latent TB before HUMIRA use and during therapy. Initiate treatment for latent TB prior to HUMIRA 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 anti-fungal therapy in patients at risk for invasive fungal infections who develop severe systemic illness.
- Bacterial, viral and other infections due to opportunistic pathogens, including Legionella and Listeria.

Carefully consider the risks and benefits of treatment with HUMIRA prior to initiating therapy in patients with chronic or recurrent infection.

Monitor patients closely for the development of signs and symptoms of infection during and after treatment with HUMIRA, 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 adolescent patients treated with TNF blockers including HUMIRA. Post-marketing cases of hepatosplenic T-cell lymphoma (HSTCL), a rare type of T-cell lymphoma, have been reported in patients treated with TNF blockers including HUMIRA. 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 (6–MP) 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 immunosuppressant.
Certolizumab (Cimzia®)

SERIOUS INFECTIONS

Patients treated with CIMZIA are at increased risk for 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.

CIMZIA should be discontinued if a patient develops a serious infection or sepsis.

Reported infections include:

- Active tuberculosis, including reactivation of latent tuberculosis. Patients with tuberculosis have frequently presented with disseminated or extrapulmonary disease. Patients should be tested for latent tuberculosis before CIMZIA use and during therapy. Treatment for latent infection should be initiated prior to CIMZIA 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. Empiric anti-fungal therapy should be considered in patients at risk for invasive fungal infections who develop severe systemic illness.
- Bacterial, viral and other infections due to opportunistic pathogens, including Legionella and Listeria.

The risks and benefits of treatment with CIMZIA should be carefully considered prior to initiating therapy in patients with chronic or recurrent infection.

Patients should be closely monitored for the development of signs and symptoms of infection during and after treatment with CIMZIA, including the possible development of tuberculosis in patients who tested negative for latent tuberculosis infection prior to initiating therapy.

MALIGNANCY

Lymphoma and other malignancies, some fatal, have been reported in children and adolescent patients treated with TNF blockers, of which CIMZIA is a member. CIMZIA is not indicated for use in pediatric patients.

Etanercept (Enbrel®)

SERIOUS INFECTIONS

- Increased risk of serious infections leading to hospitalization or death, including tuberculosis (TB), bacterial sepsis, invasive fungal infections (such as histoplasmosis), and infections due to other opportunistic pathogens.
- Enbrel should be discontinued if a patient develops a serious infection or sepsis during treatment.
- Perform test for latent TB; if positive, start treatment for TB prior to starting Enbrel.
- Monitor all patients for active TB during treatment, even if initial latent TB test is negative.

MALIGNANCIES

- Lymphoma and other malignancies, some fatal, have been reported in children and adolescent patients treated with TNF blockers, including Enbrel.

Golimumab (Simponi®)

- Serious infections leading to hospitalization or death including tuberculosis (TB), bacterial sepsis, invasive fungal (such as histoplasmosis), and other opportunistic infections have occurred in patients receiving SIMPONI
- Discontinue SIMPONI if a patient develops a serious infection or sepsis
- Perform test for latent TB; if positive, start treatment for TB prior to starting SIMPONI
− Monitor all patients for active TB during treatment, even if initial latent TB test is negative
− Lymphoma and other malignancies, some fatal, have been reported in children and adolescent patients treated with TNF blockers, of which SIMPONI is a member

**Tocilizumab (Actemra® SQ)**
− Serious infections leading to hospitalization or death including tuberculosis (TB), bacterial, invasive fungal, viral, and other opportunistic infections have occurred in patients receiving ACTEMRA.
− If a serious infection develops, interrupt ACTEMRA until the infection is controlled.
− Perform test for latent TB; if positive, start treatment for TB prior to starting ACTEMRA.
− Monitor all patients for active TB during treatment, even if initial latent TB test is negative.

**Tofacitinib (Xeljanz [XR]®)**
− Serious infections leading to hospitalization or death, including tuberculosis and bacterial, invasive fungal, viral, and other opportunistic infections, have occurred in patients receiving XELJANZ.
− If a serious infection develops, interrupt XELJANZ until the infection is controlled.
− Prior to starting XELJANZ, perform a test for latent tuberculosis; if it is positive, start treatment for tuberculosis prior to starting XELJANZ.
− Monitor all patients for active tuberculosis during treatment, even if the initial latent tuberculosis test is negative.
− Lymphoma and other malignancies have been observed in patients treated with XELJANZ. Epstein Barr Virus-associated post-transplant lymphoproliferative disorder has been observed at an increased rate in renal transplant patients treated with XELJANZ and concomitant immunosuppressive medications.

**Methotrexate (Otrexup™, Rasuvo®)**
− Serious toxic reactions and death have been reported with the use of methotrexate. Patients should be closely monitored for bone marrow, liver, lung, skin, and kidney toxicities.
− Methotrexate has been reported to cause fetal death and/or congenital anomalies and is contraindicated in pregnancy.
− Unexpectedly severe (sometimes fatal) bone marrow suppression, aplastic anemia, and gastrointestinal toxicity have been reported with concomitant administration of methotrexate (usually in high dosage) along with some nonsteroidal anti-inflammatory drugs (NSAIDs).
− Hepatotoxicity, fibrosis, and cirrhosis may occur after prolonged use.
− Methotrexate may cause interstitial pneumonitis at any time during therapy and has been reported at low doses. Pulmonary symptoms (especially a dry, nonproductive cough) may require interruption of treatment and careful investigation.
− Diarrhea, ulcerative stomatitis, hemorrhagic enteritis, and death from intestinal perforation may occur.
− Severe, occasionally fatal, skin reactions have been reported.
− Potentially fatal opportunistic infections may occur.

**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:

7:251-259.


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**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>Cimzia</td>
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<td>Drug</td>
<td>Brand Name</td>
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<tr>
<td>Cosentyx</td>
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<td>Enbrel</td>
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<td>Humira</td>
<td>adalimumab</td>
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<td>abatacept</td>
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<td>Otezla</td>
<td>apremilast</td>
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<td>Xeljanz [XR]</td>
<td>tofacitinib</td>
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<td>Otrexup, Rasuvo</td>
<td>methotrexate</td>
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<td>izekizumab</td>
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<td>Stelara</td>
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**Cross References:**

- Policy Version Number: 13.00
- P&T Approval Date: October 13, 2016
- Policy Effective Date: December 01, 2016
- Next Required Review Date: October 13, 2017

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