PRIOR AUTHORIZATION POLICY

POLICY: Inflammatory Conditions – Adalimumab Products Prior Authorization Policy

- Abrilada™ (adalimumab-afzb subcutaneous injection – Pfizer)
- adalimumab-adaz subcutaneous injection (Sandoz/Novartis)
- adalimumab-fkjp subcutaneous injection (Mylan)
- 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)
- Hyrimoz® (adalimumab-adaz subcutaneous injection – Sandoz/Novartis)
- Idacio® (adalimumab-aacf subcutaneous injection – Fresenius Kabi)
- Yuflyma® (adalimumab-aaty subcutaneous injection – Celltrion)
- Yusimry™ (adalimuamb-aqvh subcutaneous injection – Coherus)

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CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Adalimumab products are tumor necrosis factor inhibitors (TNFis) approved for the following uses:[1]

- **Ankylosing spondylitis**, for reducing signs and symptoms in patients with active disease.

- **Crohn's disease**, for treatment of moderately to severely active disease in patients ≥ 6 years of age.
- **Hidradenitis suppurativa**, for the treatment of moderate to severe disease in patients ≥ 12 years of age.
- **Juvenile idiopathic arthritis (JIA)**, ± methotrexate for reducing signs and symptoms of moderately to severely active polyarticular disease in patients ≥ 2 years of age.
- **Plaque psoriasis**, for the treatment of adults with moderate to severe chronic disease who are candidates for systemic therapy or phototherapy and when other systemic therapies are medically less appropriate.
- **Psoriatic arthritis (PsA)**, ± conventional synthetic disease-modifying antirheumatic drugs (DMARDs), for reducing the signs and symptoms of active arthritis, inhibiting the progression of structural damage, and improving physical function.
- **Rheumatoid arthritis**, ± methotrexate or other conventional synthetic DMARDS to reduce the signs and symptoms, induce major clinical response, inhibit the progression of structural damage, and improve physical function in adults with moderately to severely active disease.
- **Ulcerative colitis**, for treatment of moderately to severely active disease in patients ≥ 5 years of age. However, efficacy has not been established in patients with ulcerative colitis who have lost response or were intolerant to another TNFi.
- **Uveitis**, in patients ≥ 2 years of age with noninfectious intermediate, posterior, and panuveitis.

Guidelines

TNFis are featured prominently in guidelines for treatment of inflammatory conditions.

- **Ankylosing Spondylitis and Spondyloarthritis:** Guidelines for ankylosing spondylitis and non-radiographic axial spondylitis are published by the American College of Rheumatology (ACR)/Spondylitis Association of America/Spondyloarthritis Research and Treatment Network (2019).[3] TNFis are recommended as the initial biologic. In those who are secondary non-responders to a TNFi, a second TNFi is recommended over switching out of the class.
- **Crohn's Disease:** The American College of Gastroenterology (ACG) has guidelines for Crohn's disease (2018).[4] TNFis are listed as an option for disease that is resistant to corticosteroids, severely active disease, perianal fistulizing disease, and maintenance of remission. In post-operative Crohn's disease, a TNFi should be started within 4 weeks of surgery to prevent recurrence. Guidelines from the American Gastroenterological Association (AGA) [2021] include TNFis among the therapies for moderate to severe Crohn's disease, for induction and maintenance of remission.[17]
- **Hidradenitis Suppurativa:** British guidelines (2018) recommend consideration of adalimumab for those with moderate to severe disease who do not respond to conventional therapy.[19]
- **JIA:** There are guidelines from ACR and the Arthritis Foundation for the treatment of JIA (2021) which address oligoarthritis and temporomandibular

joint (TMJ) arthritis. For oligoarthritis, a biologic is recommended following a trial of a conventional synthetic DMARD.[6] In patients with TMJ arthritis, scheduled nonsteroidal anti-inflammatory drugs (NSAIDs) and/or intra-articular glucocorticoids are recommended first-line. A biologic is a therapeutic option if there is an inadequate response or intolerance. Additionally, rapid escalation to a biologic ± conventional synthetic DMARD (methotrexate preferred) is often appropriate given the impact and destructive nature of TMJ arthritis. In these guidelines, there is not a preferred biologic that should be initiated for JIA. ACR guidelines (2019) are also available specifically for juvenile non-systemic polyarthritis, sacroiliitis, and enthesitis.[5] TNFis are the biologics recommended for polyarthritis, sacroiliitis, and enthesitis. Biologics are recommended following other therapies (e.g., following DMARDs for active polyarthritis or following an NSAID for active JIA with sacroiliitis or enthesitis). However, there are situations where initial therapy with a biologic may be preferred over other conventional therapies (e.g., if there is involvement of high-risk joints such as the cervical spine, wrist, or hip; high disease activity; and/or those judged to be at high risk of disabling joint damage).

- **Plaque Psoriasis:** Guidelines from the American Academy of Dermatologists and National Psoriasis Foundation (2019) recommend adalimumab as a monotherapy treatment option for adults with moderate to severe disease.[7]
- **PsA:** Guidelines from ACR (2019) recommend TNFis over other biologics for use in treatment-naïve patients with PsA and in those who were previously treated with an oral therapy.[8]
- **Rheumatoid Arthritis:** Guidelines from ACR (2021) recommend addition of a biologic or a targeted synthetic DMARD for a patient taking the maximum tolerated dose of methotrexate who is not at target.[2]
- **Ulcerative Colitis:** Guidelines from the ACG for ulcerative colitis (2019) note that the following agents can be used for induction of remission in moderately to severely active disease: budesonide extended-release tablets, oral or intravenous systemic corticosteroids, Entyvio® (vedolizumab intravenous infusion), Xeljanz®/XR (tofacitinib tablets/extended-release tablets), or TNFis.[9] Guidelines from the AGA (2020) recommend Xeljanz only after failure of or intolerance to a TNFi.[10] In addition to the approved indication, clinical guidelines for the management of pouchitis (2009) indicate that first-line therapy for pouchitis is antibiotic therapy (e.g. metronidazole, ciprofloxacin).[11] Other treatment options include maintenance probiotics, oral or topical budesonide, anti-inflammatory drugs (e.g., mesalamine), or immunosuppressive agents (e.g., infliximab).
- **Uveitis and Ocular Inflammatory Disorders:** American Academy of Ophthalmology (AAO) guidelines (2014) note that adalimumab may be used in patients with uveitis due to various causes (e.g., spondyloarthropathy-associated or human leukocyte antigen [HLA]-B27-associated uveitis, JIA-associated uveitis, and other posterior uveitides and panuveitis syndromes).[12] Adalimumab should be considered second-line in vision-threatening JIA-associated uveitis when methotrexate has failed or is not tolerated (strong recommendation) and may be used as corticosteroid-sparing treatment for vision-threatening chronic uveitis from seronegative spondyloarthropathy (strong recommendation). Adalimumab may also be considered in other

patients who have vision-threatening or corticosteroid-dependent disease who have failed first-line therapies. Adalimumab should be considered as a second-line immunomodulatory agent for severe ocular inflammatory conditions including chronic and severe scleritis. ACR/Arthritis Federation guidelines (2019) for uveitis associated with JIA make recommendations for use of conventional systemic DMARDs and biologics. In patients with severe active chronic anterior uveitis associated with sight-threatening complications, a TNFi (monoclonal antibody) + methotrexate is recommended.[19]

Other Uses with Supportive Evidence

There are guidelines and/or published data supporting the use of adalimumab products in the following conditions:

- **Behcet's Disease:** The European Union Against Rheumatism (EULAR) recommendations (2018) include TNFis for initial or recurrent sight-threatening uveitis.[13] For patients refractory to first-line treatments (e.g., corticosteroids), TNFis are among the treatment options for mucocutaneous manifestations, venous thrombosis, severe or refractory gastrointestinal disease, and recurrent/chronic joint involvement. Recommendations for the use of TNFis in ocular inflammatory disorders from the AAO (2014) note that TNFis may be used first-line in patients with ophthalmic manifestations of Behcet's disease and for acute exacerbations of preexisting Behcet's disease.[12]
- **Pyoderma Gangrenosum:** Although guidelines are not current, multiple topical and systemic therapies have been used for pyoderma gangrenosum. Oral prednisone is the most common initial immunosuppressant medication.[14] Other systemic therapies include cyclosporine, methotrexate, azathioprine, cyclophosphamide, mycophenolate mofetil, and TNFis (i.e., infliximab, etanercept, and adalimumab products). In case reports, TNFis have been effective.
- **Sarcoidosis:** According to European Respiratory Society guidelines for sarcoidosis (2021), a TNFi is recommended after a trial of glucocorticoids and immunosuppressants for pulmonary and neurosarcoidosis.[15]

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of adalimumab products. All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days. Because of the specialized skills required for evaluation and diagnosis of patients treated with adalimumab products as well as the monitoring required for adverse events and long-term efficacy, initial approval requires the agent to be prescribed by or in consultation with a physician who specializes in the condition being treated.

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is(are) covered as medically necessary when the following criteria is(are) met for fda-approved indication(s) or other uses with supportive evidence (if applicable):

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 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 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).
       - **b)** 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 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):
      a) Patient has tried or is currently taking corticosteroids, or corticosteroids are contraindicated in this patient; OR
      Note: Examples of corticosteroids are prednisone or methylprednisolone.
      b) 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.
      c) Patient has enterocutaneous (perianal or abdominal) or rectovaginal fistulas; OR
      d) 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 criteria (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 the following (i and ii):
   i. Patient meets ONE of the following (a, b, c, or d):
      a) 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.
      b) Patient will be starting on adalimumab concurrently with methotrexate, sulfasalazine, or leflunomide; OR
      c) 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.
      d) Patient has aggressive disease, as determined by the prescriber; 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):
      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 BOTH of the following (i and ii):

i. 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.

ii. 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 90 days; AND
Note: A patient who has received < 90 days 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 criteria (A or B):

A) Initial Therapy. Approve for 3 months if the patient meets the following (i, ii, and iii):

i. Patient is ≥ 18 years of age; AND

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

a) Patient has tried at least one traditional systemic agent for psoriasis for at least 3 months, unless intolerant; OR
Note: Examples include methotrexate, cyclosporine, acitretin, or psoralen plus ultraviolet A light (PUVA). 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 90 days; AND
Note: A patient who has received < 90 days 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 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 criteria (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 BOTH of the following (i and ii):

i. 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 the following (i, ii, and iii):

i. Patient is ≥ 5 years of age; AND

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

a) 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.

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

(1) Patient has pouchitis; AND

(2) 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.

8. 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 the following (i and ii):

i. 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.

ii. 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

9. 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 BOTH of the following (i and ii):

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

a) 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.

b) Patient has ophthalmic manifestations of Behcet's disease; AND

ii. 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 90 days; AND
Note: A patient who has received < 90 days 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).

10. 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 BOTH of the following (i and ii):

i. 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.

ii. 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.

11. 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, and iii):

i. Patient has tried at least one corticosteroid; AND
Note: An example is prednisone.

ii. 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.

iii. 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 90 days; AND
Note: A patient who has received < 90 days 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.

12. Scleritis or Sterile Corneal Ulceration. 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 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.

ii. 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.

13. 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 BOTH of the following (i and ii):

i. Patient meets one of the following (a or b):

a) 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.

b) 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

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) 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).

b) **Compared with baseline (prior to initiating an adalimumab product), patient experienced an improvement in at least one symptom, s**

c) **Abrilada™ (adalimumab-afzb subcutaneous injection – Pfizer)**

d) **adalimumab-adaz subcutaneous injection (Sandoz/Novartis)**

e) adalimumab-fkjp subcutaneous injection (Mylan)

f) Amjevita (adalimumab-atto subcutaneous injection – Amgen)

g) Cyltezo® (adalimumab-adbm subcutaneous injection – Boehringer Ingelheim)

h) Hadlima™ (adalimumab-bwwd subcutaneous injection – Organon/Samsung Bioepis)

i) Hulio® (adalimumab-fkjp subcutaneous injection – Mylan)

j) Humira® (adalimumab subcutaneous injection – AbbVie)

k) Hyrimoz® (adalimumab-adaz subcutaneous injection – Sandoz/Novartis)

l) Idacio® (adalimumab-aacf subcutaneous injection – Fresenius Kabi)

m) Yuflyma® (adalimumab-aaty subcutaneous injection – Celltrion)

n) Yusimry™ (adalimuamb-aqvh subcutaneous injection – Coherus)

o) is(are) considered experimental, investigational or unproven for ANY other use(s) including the following (this list may not be all inclusive; criteria will be updated as new published data are available):

p) uch as decreased pain or stiffness, or improvement in function or activities of daily living.

CONDITIONS NOT COVERED

1. **Concurrent Use with a Biologic or with a Targeted Synthetic Disease-Modifying Antirheumatic Drug (DMARD).** An adalimumab product should not be administered in combination with another biologic or with a targeted synthetic DMARD used for an inflammatory condition (see Appendix for examples). Combination therapy is generally not recommended due to a potentially higher rate of adverse events with combinations and lack of data supportive of additional efficacy.
Note: This does NOT exclude the use of conventional synthetic DMARDs (e.g., methotrexate, leflunomide, hydroxychloroquine, or sulfasalazine) in combination with an adalimumab product.

2. **Polymyalgia Rheumatica (PMR).** EULAR/ACR guidelines for the management of PMR (2015) strongly recommend against the use of tumor necrosis factor inhibitors (TNFis) for treatment of PMR.[17] This recommendation is based on lack of evidence for benefit as well as considerable potential for harm.

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HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	03/23/2022
Selected Revision	Amjevita was added to the policy. The criteria for Amjevita are the same as the existing criteria for Humira. There are no other changes to the criteria.	01/11/2023
Selected Revision	No criteria changes.	04/05/2023
Selected Revision	The following biosimilars were added to the policy: Abrilada, adalimumab-adaz, adalimumab-fkjp, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Yuflyma, and Yusimry. The criteria for these biosimilars is that same as the existing criteria for Adalimumab Products. There were no other changes to the criteria.	07/05/2023

APPENDIX

	Mechanism of Action	Examples of Inflammatory Indications*
Biologics		
Adalimumab SC Products (Humira®, biosimilars)	Inhibition of TNF	AS, CD, JIA, PsO, PsA, RA, UC
Cimzia® (certolizumab pegol SC injection)	Inhibition of TNF	AS, CD, nr-axSpA, PsO, PsA, RA
Etanercept SC Products (Enbrel®, biosimilars)	Inhibition of TNF	AS, JIA, PsO, PsA
Infliximab IV Products (Remicade®, biosimilars)	Inhibition of TNF	AS, CD, PsO, PsA, RA, UC
Simponi®, Simponi® Aria™ (golimumab SC injection, golimumab IV infusion)	Inhibition of TNF	SC formulation: AS, PsA, RA, UC
		IV formulation: AS, PJIA, PsA, RA
Actemra® (tocilizumab IV infusion, tocilizumab SC injection)	Inhibition of IL-6	SC formulation: PJIA, RA, SJIA
		IV formulation: PJIA, RA, SJIA
Kevzara® (sarilumab SC injection)	Inhibition of IL-6	RA
Orencia® (abatacept IV infusion, abatacept SC injection)	T-cell costimulation modulator	SC formulation: JIA, PSA, RA
		IV formulation: JIA, PsA, RA
Rituximab IV Products (Rituxan®, biosimilars)	CD20-directed cytolytic antibody	RA
Kineret® (anakinra SC injection)	Inhibition of IL-1	JIA^, RA
Stelara® (ustekinumab SC injection, ustekinumab IV infusion)	Inhibition of IL-12/23	SC formulation: CD, PsO, PsA, UC
		IV formulation: CD, UC
Siliq™ (brodalumab SC injection)	Inhibition of IL-17	PsO
Cosentyx® (secukinumab SC injection)	Inhibition of IL-17A	AS, ERA, nr-axSpA, PsO, PsA
Taltz® (ixekizumab SC injection)	Inhibition of IL-17A	AS, nr-axSpA, PsO, PsA
Ilumya™ (tildrakizumab-asmn SC injection)	Inhibition of IL-23	PsO
Skyrizi® (risankizumab-rzaa SC injection, risankizumab-rzaa IV infusion)	Inhibition of IL-23	SC formulation: CD, PSA, PsO
		IV formulation: CD
Tremfya™ (guselkumab SC injection)	Inhibition of IL-23	PsO

Entyvio™ (vedolizumab IV infusion)	Integrin receptor antagonist	CD, UC
Oral Therapies/Targeted Synthetic DMARDs		
Otezla® (apremilast tablets)	Inhibition of PDE4	PsO, PsA
Cibinqo™ (abrocitinib tablets)	Inhibition of JAK pathways	AD
Olumiant® (baricitinib tablets)	Inhibition of JAK pathways	RA
Rinvoq® (upadacitinib extended-release tablets)	Inhibition of JAK pathways	AD, AS, CD, nr-axSpA, RA, PsA, UC
Sotyktu™ (deucravacitinib tablets)	Inhibition of TYK2	PsO
Xeljanz® (tofacitinib tablets)	Inhibition of JAK pathways	RA, PJIA, PsA, UC
Xeljanz® XR (tofacitinib extended-release tablets)	Inhibition of JAK pathways	RA, PsA, UC

* Not an all-inclusive list of indications (e.g., oncology indications and rare inflammatory conditions are not listed). Refer to the prescribing information for the respective agent for FDA-approved indications; SC – Subcutaneous; TNF – Tumor necrosis factor; AS – Ankylosing spondylitis; CD – Crohn's disease; JIA – Juvenile idiopathic arthritis; PsO – Plaque psoriasis; PsA – Psoriatic arthritis; RA – Rheumatoid arthritis; UC – Ulcerative colitis; nr-axSpA – Non-radiographic axial spondyloarthritis; IV – Intravenous, PJIA – Polyarticular juvenile idiopathic arthritis; IL – Interleukin; SJIA – Systemic juvenile idiopathic arthritis; ^ Off-label use of Kineret in JIA supported in guidelines; ERA – Enthesitis-related arthritis; DMARD – Disease-modifying antirheumatic drug; PDE4 – Phosphodiesterase 4; JAK – Janus kinase; AD – Atopic dermatitis; TYK2 – Tyrosine kinase 2.