



INLAND EMPIRE HEALTH PLAN

This policy has been developed through review of medical literature, consideration of medical necessity, generally accepted medical practice standards, and approved by the IEHP Pharmacy and Therapeutics Subcommittee.

Drug: Cimzia (certolizumab), Enbrel (etanercept), Humira (adalimumab), Remicade (infliximab), Simponi (golimumab)

Class: Tumor necrosis factor (TNF) inhibitor

Effective Date: August 2011

Policy/Criteria:

Medi-Cal/HF/HK:

Rheumatoid Arthritis:

Medication may be medically necessary if the following criterion is met:

- A diagnosis of RA according to American College of Rheumatology's (ARC) criteria (when four out of seven conditions are present):
 - Morning stiffness in and around joints, lasting more than 1 hour
 - Arthritis of at least 1 area in a wrist, MCP, or PIP joint for ≥ 6 weeks
 - Arthritis of 3 or more joint areas involved simultaneously ≥ 6 weeks
 - Symmetric arthritis involving the joint areas ≥ 6 weeks
 - Positive serum rheumatoid factor
 - Rheumatoid nodules
 - Radiographic changes typical of RA on hand and wrist radiographs, including erosions, or unequivocal bony decalcification in or adjacent to the involved joints
- Diagnosis must be made by rheumatologist
- Patient must have had inadequate response to at least one (1) DMARD within the past year (12 months)
 - A complete list of all previous failed and successful therapies must be submitted
 - Patients with early RA and only low or moderate disease activity are not considered candidates for biologic therapy
- **Formulary Position:** Enbrel (etanercept) & Humira (adalimumab) are the preferred Tumor Necrosis Factor-alpha (TNF- α) antagonists for Rheumatoid Arthritis (RA)

Crohn's Disease:

Medication may be medically necessary if the following criterion is met:

- Confirmed diagnosis of Crohn's Disease
- Patient must have inadequate response to conventional therapy:
 - Aminosalicylates (ex. Balsalazide, Mesalamine, Sulfasalazine)
 - Oral Corticosteroids (ex. Budesonide, Prednisone)

- Immunosuppressive Agents (ex. Azathioprine, Methotrexate, Cyclosporine)
- Must be prescribed by GI specialist (gastroenterologist, internist, rheumatologist, immunologist)
- **Formulary Position:** Humira (adalimumab) is the preferred Tumor necrosis factor (TNF) inhibitor for Crohn's Disease

Plaque Psoriasis:

Medication may be medically necessary if the following criterion is met:

- Patient must have diagnosis of plaque psoriasis
- Patient must have minimum involvement of 10% body surface area (BSA)
- Patient must have inadequate response to Topical Corticosteroids AND at least one (1) DMARD within the last year (12 months)
- Patient must be 18 years of age
- **Formulary Position:** Enbrel (etanercept) & Humira (adalimumab) are the preferred Tumor Necrosis Factor-alpha (TNF- α) antagonists for Plaque Psoriasis

Medicare Part D:

1. All FDA approved indications not otherwise excluded from Part D
2. Non-formulary products require trial and failure of formulary products
3. **Formulary Products:** Enbrel, Humira

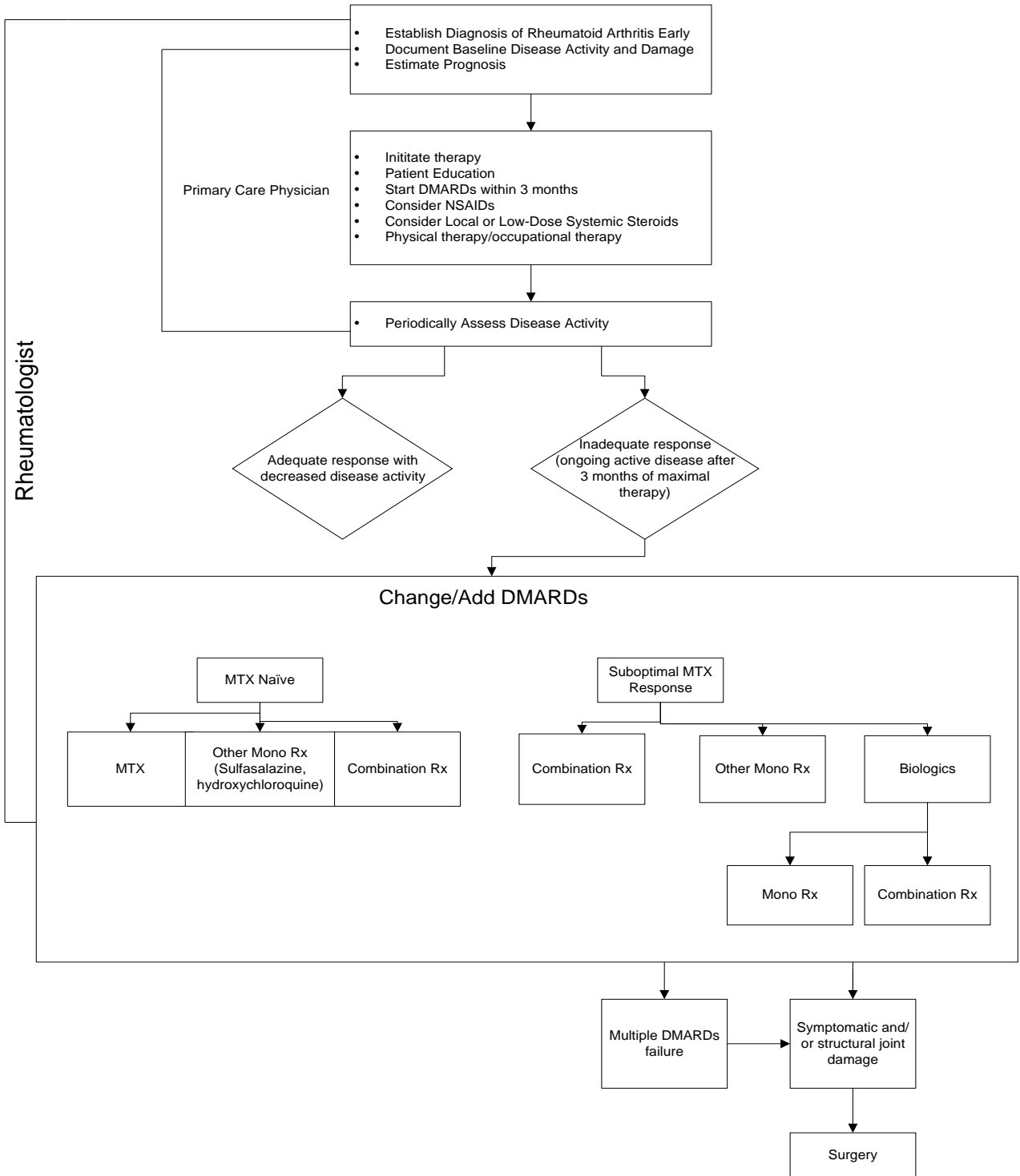
Clinical Evidence:

A systematic review of the evidence for the effectiveness of TNF- α blocking agents in the maintenance of remission in patients with Crohn's disease was conducted by Behm et al. (Cochrane Review) in 2008. The authors found that Infliximab 5 mg/kg or 10 mg/kg, given every 8 weeks, is effective for the maintenance of remission and maintenance of fistula healing in patients who have responded to infliximab induction therapy. Adalimumab 40 mg weekly or every other week is effective for the maintenance of remission in patients who have responded to adalimumab induction therapy. Certolizumab pegol 400 mg every 4 weeks is effective for the maintenance of remission in patients who have responded to certolizumab induction therapy. No comparative trials have evaluated the relative efficacy of these agents. Adverse events are similar in the infliximab, adalimumab, and certolizumab groups compared with placebo, but study size and duration generally are insufficient to allow an adequate assessment of serious adverse events associated with long-term use.

1. Cimzia (Certolizumab)
 - a. Induce Remission: RR 1.68 (95% CI 1.3 – 2.16)
 - b. Maintain Remission: RR 1.74 (95% CI 1.41 – 2.13)
2. Humira (Adalimumab)
 - a. Induce Remission: RR 2.86 (95% CI 2.01 – 4.02)
 - b. Maintain Remission: RR 2.69 (95% CI 1.88 – 3.86)
 - c. Cortico sparring Effect: RR 2.81 (95% CI 1.46 – 5.43)
3. Remicade (Infliximab)
 - a. Induce Remission: RR 2.50 (95% CI 1.64 - 3.80)
 - b. Maintain Remission: RR 1.66 (95% CI 1 – 2.76)

- c. Cortico sparring Effect: RR 3.13 (95% CI 1.25 – 7.81)
- d. Fistulae Healing RR: 1.87 (95% CI 1.15 – 3.04)

Guidelines for the Management of Rheumatoid Arthritis. American College of Rheumatology Subcommittee on Rheumatoid Arthritis Guideline 2002 Update



For more information regarding Rheumatoid Arthritis and clinical evidence used in creating this criteria please

see IEHP Clinical Practice Guideline For the treatment of Rheumatoid Arthritis (updated August 2008), located at: <http://ww2.iehp.org/NR/rdonlyres/A8E646D2-CBCC-465E-898C-1377D9F2C0D5/0/RA.pdf>

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Appendix I. TNF Cost Information

Drug	RA		Psoriasis	
	Dosing	Avg. Cost/30ds	Dosing	Avg. Cost/30ds
Enbrel	50mg/wk	\$2,168	100mg/wk	\$4,336
Humira	40mg/2wk	\$2,151	40mg/2wk	\$2,151
Cimzia	200mg/2wk	\$2,020	---	---
Simponi	50mg/4wk	\$2,329	---	---

*Cost based on AWP and highest maintenance dose