



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: Enbrel (etanercept), Humira (adalimumab), Orenzia (abatacept), Remicade (infliximab), Rituxan (rituximab)

Class: Tumor necrosis factor (TNF) inhibitor

Effective Date: July 2003, October 2005, November 2006, August 2008, August 2009

Policy/Criteria:

Based on the 2008 Recommendations for the Use of Nonbiologic and Biologic Disease-Modifying Antirheumatic Drugs in Rheumatoid Arthritis, the criteria for biologic agents for the treatment of Rheumatoid Arthritis are as follows:

Rheumatoid Arthritis:

1. 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

2. Diagnosis must be made by rheumatologist.
3. First line therapy is determined by assessing the RA disease activity. Instruments used to measure rheumatoid arthritis disease activity

Instrument	Score range	Thresholds of disease activity		
		Low	Moderate	High
Disease Activity Score in 28 joints	0-9.4	<3.2	>3.2 and <5.1	>5.1
Simplified Disease Activity Index	0.1-86.0	<11	>11 and <26	>26
Clinical Disease Activity Index	0-76.0	<10	>10 and <22	>22
Rheumatoid Arthritis Disease Activity	0-10	<2.2	>2.2 and <4.9	>4.9
PAS or PASII	0-10	<1.9	>1.9 and <5.3	>5.3
Routine Assessment Patient Index Data	0-30	<6	>6 and <12	>12

PAS=Patient Activity Scale

4. Patients with early RA and only low or moderate disease activity are not considered candidates for biologic therapy. A complete list of all previous failed and successful therapies must be submitted.
 - a. The use of anti-TNF agents is limited to patients with early RA who had never received DMARDs and had high disease activity.
 - b. The use of an anti-TNF agent in combination with MTX is recommended if high disease activity was present for <3 months with features of both a poor prognosis.
 - c. Failure of MTX or other DMARDs (in combination therapy) for patients with at least moderate disease activity
5. Clinical justification if convention treatment is contraindicated, or documented clinical side effects of intolerability.
6. Etanercept is the preferred Tumor Necrosis Factor-alpha (TNF- α) antagonists
 - a. The recommended dose for adult with RA is 25mg twice weekly (72-96 hours apart). The recommended dose for children (4 to 17 yoa) with RA is 0.4mg/kg (up to a maximum of 25mg per dose) twice weekly (72-96 hours apart).
7. **If no improvement, P**patients should be evaluated for outcome assessment at three months post initiation of therapy.
8. Other anti-TNF agents may be considered after at least 3 months trial of etanercept.

9. The following agents are reserved for patients refractory to first line RA treatments:
 - a. Abatacept- recommended only for patients who used MTX in combination with DMARDs or sequential administration of other nonbiologic DMARDs led to an inadequate response, and with at least moderate disease activity and features of a poor prognosis
 - b. Rituximab- recommended only for patients who used MTX in combination with DMARDs or sequential administration of other nonbiologic DMARDs led to an inadequate response, and with high disease activity and features of a poor prognosis
10. No combination biology therapy should be used based in art on data suggesting a higher rate of adverse events and/or lack of additive efficacy.

Reference:

2008 Recommendations for the Use of Nonbiologic and Biologic Disease-Modifying Antirheumatic Drugs in Rheumatoid Arthritis. *Arthritis & Rheumatism*. 59; 6: 762-784.

