

HUMIRA® UTILIZATION MANAGEMENT CRITERIA

DRUG CLASS:	Disease Modifying Anti-Rheumatic Drug (DMARD)
BRAND NAME: (Generic):	Humira® (Adalimumab Injection)
	Humira® is supplied as 40 mg (0.8mL) pre-filled single-use glass syringes or in pre-filled pens for subcutaneous injection (GCN = 018924).

FDA INDICATIONS: Rheumatoid Arthritis: Adalimumab is a monoclonal antibody specific for human tumor necrosis factor (TNF). It is indicated for reducing signs and symptoms, inducing major clinical response, inhibiting the progression of structural damage and improving physical function in adult patients with moderately to severely active rheumatoid arthritis (RA). Humira can be used alone or in combination with DMARDs.

Juvenile Idiopathic Arthritis: Reducing signs and symptoms of moderate to severe polyarticular juvenile idiopathic arthritis (JIA) in children 4 years of age and older.

Plaque Psoriasis: Reducing signs and symptoms in patients with chronic moderate to severe plaque psoriasis.

Psoriatic Arthritis: Reducing signs and symptoms of active arthritis in patients with psoriatic arthritis. Humira can be used alone or in combination with DMARDs.

Ankylosing Spondylitis: Reducing signs and symptoms in patients with active Ankylosing Spondylitis.

Crohn's Disease: Reducing signs and symptoms and inducing and maintaining clinical remission in adult patients with moderately to severely active Crohn's disease who have had inadequate response to conventional therapy.

BENEFIT DESIGN:

Rheumatoid, Psoriatic Arthritis, Juvenile Idiopathic Arthritis and Ankylosing Spondylitis: Coverage is provided **immediately** (without initiating a coverage review) for the treatment of rheumatoid arthritis and psoriatic arthritis in the presence of a prescription within the previous 18 months for any of the following disease-modifying anti-rheumatic drugs (DMARDs):

- Methotrexate
- Etanercept (Enbrel®)
- Anakinra (Kineret™)
- Leflunomide (Arava®)
- Adalimumab (Humira®)

In situations where none of the above DMARDs exist in history or where the above does not apply, coverage for Humira® is determined through the coverage authorization criteria.

Plaque Psoriasis (chronic moderate to severe): Coverage is provided immediately (without initiating a coverage review) for the treatment of plaque psoriasis in the presence of a prescription within the previous 18 months for any of the following drugs and if the prescribing physician is a dermatologist:

- Methoxsalen (Oxsoralen®)
- Cyclosporine
- Etanercept (Enbrel®)
- Adalimumab (Humira®)
- Methotrexate
- Acitretin (Soriatane®)
- Efalizumab (Raptiva®)

In situations where the above does not apply, coverage for Humira® is determined through the coverage authorization criteria.

Crohn's Disease: Coverage determined through coverage authorization criteria.

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COVERAGE AUTHORIZATION CRITERIA:

Coverage is provided for the treatment of **rheumatoid arthritis, psoriatic arthritis, juvenile idiopathic arthritis** or **ankylosing spondylitis** if one of the following bullets applies:

- Patient has experienced a therapeutic failure or has had an inadequate response to methotrexate, **OR**
- Patient is unable to receive methotrexate (e.g., use of methotrexate is contraindicated in the patient), **OR**
- Active ankylosing spondylitis, **OR**
- Rheumatoid arthritis is newly diagnosed or rapidly progressive and advancing, **AND**
- The prescriber has considered and screened for the presence of latent tuberculosis (TB) infection.

Coverage is **not** provided for use of once-weekly doses of Humira® in combination with methotrexate.

Coverage is **not** provided for use of Humira® in combination with Kineret™, Enbrel®, or Remicade®.

Coverage is provided for the treatment of **plaque psoriasis** if the following applies:

- Patient is being managed by a dermatologist, **AND**
- Body Surface Area (BSA) involvement of at least 5%, **AND**
- Involvement of the palms, soles, head and neck, or genitalia, causing disruption in normal daily activities and/or employment, **AND**
- Failure of systemic therapy (methotrexate, cyclosporine, Soriatane) or patient has contraindication to these treatments.

Coverage is provided for **Crohn's Disease** if:

- Patient has moderately to severely active Crohn's Disease,
- Patient has had inadequate response to conventional therapy, **AND**
- The prescriber has considered and screened for the presence of latent tuberculosis (TB) infection.

BLACK BOX WARNINGS:

RISK OF INFECTIONS

Tuberculosis (TB), invasive fungal, and other opportunistic infections, some fatal, have occurred.

Patients should be evaluated for latent tuberculosis infection with a tuberculin skin test. Treatment of latent tuberculosis infection should be initiated prior to therapy with HUMIRA.

PROVIDER EDUCATION:

1. Review appropriate method for administration (subcutaneous).
2. Injection site reactions, rash, headache, infection, and abdominal pain are some common adverse effects.
3. Abbott Medical Information: 800-633-9110.

DOSAGE AND ADMINISTRATION:

For the treatment of RA, psoriatic arthritis, or ankylosing spondylitis in adults, 40 mg of Humira® is given by subcutaneous injection every other week. Some patients with RA who experience an inadequate response to every other week dosing of Humira®, and who are not taking MTX, may benefit from increasing the dosing frequency of Humira® to 40 mg every week.

Juvenile Idiopathic Arthritis

The recommended dose of Humira® for patients 4 to 17 years of age with polyarticular juvenile idiopathic arthritis is based on weight as shown below. Methotrexate, glucocorticoids, salicylates, NSAIDs or analgesics may be continued during treatment with Humira®.

Pediatric Patients (4 to 17 years)	Dose
15 kg (33 lb) to < 30 kg (66 lb)	20 mg every other week
≥ 30 kg (66 lb)	40 mg every other week

*Limited data are available for Humira® treatment in pediatric patients with a weight below 15 kg.

The recommended dose of Humira® for adult patients with plaque psoriasis is an initial dose of 80 mg, followed by 40 mg given every other week starting one week after the initial dose. The use of Humira® in moderate to severe chronic plaque psoriasis beyond one year has not been evaluated in controlled clinical studies.

Subcutaneous injections can be given in the thigh, abdomen, or upper arm and injection sites should be rotated. Humira® is supplied using pre-filled syringes or pens. Patients should be instructed to inject the full amount of the syringe or pen (0.8 mL). Humira® must be refrigerated and should be protected from light. It can be given in combination with methotrexate, glucocorticoids, salicylates, NSAIDs, or analgesics.

For the treatment of Crohn's Disease, 160 mg of Humira is given initially at week 0, 80 mg at week 2, followed by a maintenance dose of 40 mg every week beginning at week 4. The initial dose may be given as 4 injections on one day or divided over 2 days.

WARNINGS AND PRECAUTIONS:

- Serious infections – do not start Humira during an active infection. If an infection develops, monitor carefully, and stop Humira if infection becomes serious.
- Malignancies – are seen more often than in controls, and lymphoma is seen more often than in the general population.
- Anaphylaxis or serious allergic reactions may occur.
- Hepatitis B virus reactivation – monitor HBV carriers during and several months after therapy. If reactivation occurs, stop Humira and begin anti-viral therapy.
- Demyelinating disease, exacerbation or new onset, may occur.
- Cytopenias, pancytopenia – advise patients to seek immediate medical attention if symptoms develop, and consider stopping Humira.
- Heart failure, worsening or new onset, may occur.
- Lupus-like syndrome – stop Humira if syndrome develops.

DRUG INTERACTIONS:

- MTX reduced Humira's apparent clearance after single and multiple dosing by 29% and 44% respectively. The data do not suggest the need for dose adjustment of either drug.
- Concurrent administration of anakinra (Kineret) and TNF-blocking agents has been associated with an increased risk of serious infections, an increased risk of neutropenia, and no additional benefit compared to these agents alone.
- Live vaccines should not be given concurrently with Humira. No data are available on the secondary transmission of infection by live vaccines in patients receiving Humira.

REFERENCES:

- 1 Humira (adalimumab). Product Information. Abbott Laboratories. February 2007.