

Adalimumab (Humira)

JCODE: J0135

OFFICE / HOME HEALTH / SELF ADMIN

Indications for Prior Authorization

- Moderate to Severe Rheumatoid Arthritis

- Psoriatic Arthritis

- Ankylosing Spondylitis

- Crohn's Disease

- Psoriasis

Patients must meet the following criteria for RA

1. Diagnosis by Rheumatologist (the prescribing MD does not have to be a rheumatologist)
2. Inadequate response to one or more Disease Modifying Anti-Rheumatic Drugs (DMARDs): Auranofin (Ridaura), Azathioprine (Imuran), Gold sodium thiomalate (Aurolate), Hydroxychloroquine (Plaquenil), Methotrexate (Rheumatrex), D-penicillamine (Cuprimine), Sulfasalazine (Azulfidine)
3. Not used in conjunction with another anti-TNF drug or interleukin-1 receptor antagonist

For Crohn's disease patient must have

1. Failed or have a documented intolerance or contraindication to one agent from either of the following classes: oral corticosteroids **or** immunosuppressants (azathioprine, mercaptopurine, methotrexate, or cyclosporine)
and
2. is not used in conjunction with another anti-TNF drug or interleukin-1 receptor antagonist

For Ankylosing Spondylitis

1. Diagnosis by Rheumatologist (the prescribing MD does not have to be a rheumatologist)
2. Inadequate response to two non-steroidal anti-inflammatory agents

Psoriasis

1. Diagnosis of chronic moderate to severe plaque psoriasis confirmed by dermatologist or rheumatologist

psoriasis affects 10% or more of the body

psoriasis involves hands, feet, head, and neck or genitalia

and

2. Prescribed by dermatologist or rheumatologist

and

3. Patient has tried and failed topical therapy (e.g. Dovenox, Tazorac, other topical steroids)

and

4. Documented failure or clinically significant adverse effects to one of the following therapies alone or in combination, unless contraindicated

methotrexate (doses up to 15-20 mg per week)

or (if methotrexate is contraindicated)

cyclosporine, acitretin, or a trial with PUVA or UVB

The following indications do not meet the criteria for use established by the Western Health Advantage Pharmacy and Therapeutics Committee.

Any condition not listed above in the indications section.

Dosing

Recommended dose for ADULTS with Rheumatoid arthritis, psoriatic arthritis, or ankylosing spondylitis:

- 40 mg every other week as a subcutaneous injection.
- Doses of 40 mg every week, for rheumatoid arthritis only, can be approved for monotherapy if the patient has intolerance or contraindication to methotrexate in combination with Humira.

Recommended dose for Crohn's Disease

- Subcutaneous injection of 160 mcg on day 1, or 80 mcg on days 1 and 2
- then 80 mcg SQ on Day 14
- then 40 mcg SQ every other week starting on week 4 (day 28)

Recommended dose for Psoriasis

- Subcutaneous injection of 80 mcg on day 1
- then 40 mcg SQ on Day 8 and every other week thereafter

Approval Period

One year to assess patient's response.

Risk of Tuberculosis

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