Pharmacy Prior Authorization
Clinical Guideline – Cytokines and Cell Adhesion Molecule (CAM) Antagonists

Actemra® (tocilizumab)  Ilaris® (canakinumab)  Stelara® (ustekinumab)
Cimzia® (certolizumab)  Kineret® (anakinra)  Taltz® (ixekizumab)
Cosentyx® (secukinumab)  Orencia® (abatacept)  Tysabri® (natalizumab)
Enbrel® (entanercept)  Remicade® (infliximab)  Xeljanz® (tofacitinib)
Entyvio® (vedolizumab)  Simponi® (golimumab)  Xeljanz XR® (tofacitinib)
Humira® (adalimumab)  Simponi Aria® (golimumab)

Preferred Agents: ENBREL and HUMIRA are the preferred agents. Requests for non-preferred cytokines and CAM antagonists require trial and failure of BOTH Enbrel and Humira (where both are indicated) in addition to all other clinical criteria. NOTE: The authorization criteria for Tysabri in multiple sclerosis is included in the MS agents PA guideline.

General Authorization Guidelines for All Medications and Indications:
• Patient is NOT on another cytokine or CAM antagonist
• Prescribed by an appropriate specialist based on indication
• Patient has been evaluated for and given the appropriate vaccinations as recommended per the CDC for his/her risk factors
• Patient has been screened for tuberculosis (TB). If screening was positive for latent TB, patient has received treatment for latent TB.
• The prescribed dose is FDA-approved for the indication. Doses above the FDA-approved labeling will not be authorized. Quantity limits exist.
• For anti-TNFs only: Patient does NOT have NYHA class III or IV CHF
• For anti-TNFs, Stelara, Xeljanz, Kineret, Actemra, Ilaris, and Orencia: Patient has been screened for hepatitis B. If patient has active or chronic hepatitis B, the patient is receiving appropriate antiviral treatment
• For Entyvio and Tysabri: Will be used as monotherapy and NOT in combination with antineoplastic, immunosuppressive, or immunomodulating agents (e.g., azathioprine, 6-mercaptopurine cyclosporine, methotrexate, TNF-inhibitors)
• For Actemra:
  o Patient has an absolute neutrophil count (ANC) >2000 per mm³.
  o Patient has a platelet count >100,000 per mm³.
  o Patient does NOT have elevated ALT or AST >1.5× ULN.

Additional Criteria Based on Indication:
• Rheumatoid Arthritis (RA): (Enbrel, Humira, Cimzia, Remicade, Simponi, Simponi Aria, Kineret, Orencia, Xeljanz, Actemra)
  o Patient is at least 18 years old
  o Patient has moderate or high disease activity despite an adequate 3-month trial of 2 different non-biologic DMARD regimens (1 of which must include methotrexate (MTX) unless contraindicated)
    ▪ Monotherapy: MTX, sulfasalazine (SSZ), or leflunomide (LEF)
    ▪ Combination: MTX+SSZ+hydroxychloroquine (HCQ), MTX+HCQ, MTX+LEF, MTX+SSZ, SSZ+HCQ
• Systemic Juvenile Idiopathic Arthritis: (Enbrel, Humira, Orencia IV)
  o Age Restriction (Enbrel and Humira): Patient is at least 2 years old
  o Age Restriction (Orencia): Patient is at least 6 years old

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- Patient does NOT have currently ACTIVE systemic features (i.e., fever, evanescent rash, lymphadenopathy, hepatomegaly, splenomegaly, or serositis) but has continued synovitis in >1 joint despite treatment for 3 months with MTX or leflunomide

**Systemic Juvenile Idiopathic Arthritis: (Kineret and Actemra IV)**
- Patient is at least 2 years old
- Patient does NOT have currently ACTIVE systemic features (i.e., fever, evanescent rash, lymphadenopathy, hepatomegaly, splenomegaly, or serositis) but has continued synovitis in >1 joint despite treatment for 3 months with MTX or leflunomide; **OR**
- Patient currently has ACTIVE systemic features (i.e., fever, evanescent rash, lymphadenopathy, hepatomegaly, splenomegaly, or serositis) AND synovitis in at least 1 joint
- NOTE: Patient does not require trial of Enbrel or Humira

**Systemic Juvenile Idiopathic Arthritis: (Ilaris)**
- Patient is at least 2 years old and weighs at least 7.5kg
- Patient currently has ACTIVE systemic features (i.e., fever, evanescent rash, lymphadenopathy, hepatomegaly, splenomegaly, or serositis)
- Patient has continued synovitis in >1 joint despite treatment for at least 1 month with Kineret or Actemra AND methotrexate or leflunomide (Note: both Kineret and Actemra are also non-formulary and require PA)
- NOTE: Patient does not require trial of Enbrel or Humira

**Polyarticular Juvenile Idiopathic Arthritis: (Enbrel, Humira, Orencia IV, Actemra IV)**
- Age Restriction (Enbrel, Humira, and Actemra): Patient is at least 2 years old
- Age Restriction (Orencia): Patient is at least 6 years old
- Patient has severe disease OR moderate to severe disease despite an adequate 3-month trial of MTX

**Oligoarticular Juvenile Idiopathic Arthritis: (Enbrel, Humira)**
- NOTE: anti-TNF’s are not the standard of therapy for most patients as this is usually a self-limiting condition that rarely becomes chronic
- Patient is at least 2 years old
- Patient has extended oligoarticular JIA (defined as disease duration > 6 months)
- Patient had inadequate response or intolerable side effects with 2 NSAIDs or has contraindications to NSAIDs.
- Patient had inadequate response or intolerable side effects with an adequate 3-month trial of MTX or has contraindications to MTX.

**Cryopyrin-Associated Periodic Syndromes (CAPS): (Kineret)**
- Diagnosis has been confirmed by positive genetic test for NALP3, CIAS1, or NLRP3 mutation
- NOTE: Patient does not require trial of Enbrel or Humira

**Cryopyrin-Associated Periodic Syndromes (CAPS): (Ilaris)**
- Patient is at least 4 years old and weighs at least 15kg
- Diagnosis has been confirmed by positive genetic test for NALP3, CIAS1, or NLRP3 mutation
- Patient has failed a 3-month minimum trial of Kineret (Note: Kineret is also non-formulary and requires PA)
- NOTE: Patient does not require trial of Enbrel or Humira
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• Ankylosing Spondylitis (AS): (Enbrel, Humira, Cimzia, Remicade, Simponi, Cosentyx)
  o Patient is at least 18 years old
  o Patient has unacceptable disease activity despite a 3-month trial of TWO different NSAIDs at an adequate dose OR has a contraindication to NSAID use
  o Patient will be continued on an NSAID when cytokine or CAM antagonist is initiated (unless contraindicated)

• Psoriatic Arthritis (PsA): (Enbrel, Humira, Cimzia, Remicade, Simponi, Cosentyx, Stelara)
  o Patient is at least 18 years old
  o Patient is currently on an NSAID and will be continued OR has a contraindication to NSAID use
  o Patient meets ONE of the following:
    ▪ Has active PsA despite a 3-month trial of adequate dose MTX (or leflunomide or sulfasalazine if MTX is contraindicated)
    ▪ Patient has predominantly axial disease or active enthesitis/dactylitis AND has unacceptable disease activity despite a 3-month trial of TWO different NSAIDs at an adequate dose (unless contraindicated)

• Plaque Psoriasis: (Enbrel, Humira, Remicade, Cosentyx, Taltz, Stelara)
  o Patient is at least 18 years old (Humira, Remicade, Cosentyx, Taltz, Stelara)
  o Patient is at least 6 years old (Enbrel)
  o Symptoms are not controlled with topical therapy
  o Disease has a significant impact on physical, psychological or social wellbeing
  o Patient has failed a 3-month compliant trial with MTX or cyclosporine or has a true contraindication to both
  o Psoriasis is severe and extensive (for example, more than 10% of body surface area affected or a PASI score of more than 10)
  o Phototherapy has been ineffective, cannot be used or has resulted in rapid relapse (rapid relapse is defined as greater than 50% of baseline disease severity within 3 months)

• Ulcerative Colitis (UC): (Humira, Remicade, Simponi, Entyvio)
  o Age restriction (Humira, Simponi, and Entyvio): At least 18 years old
  o Age restriction (Remicade): At least 6 years old
  o STEROID-DEPENDENT UC:
    ▪ Patient had a relapse within three months of stopping glucocorticoids OR is unable to taper steroids to an acceptable dose after 3 months without having symptom recurrence
    ▪ Patient had inadequate response or intolerable side effects with a 3-month trial of 6-mercaptopurine (6-MP) or azathioprine (AZA) or has contraindications to both
  o STEROID-REFRACTORY UC:
    ▪ Inadequate response or intolerable side effects to IV glucocorticoids after 7-10 days OR oral prednisone ≥40mg/day after 30 days
    ▪ Patient meets ONE of the following:
      • Patient had a previous failure on 6-MP and AZA or a contraindication to both medications and is therefore not a candidate for treatment with these agents for current episode
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- Patient had an inadequate response or intolerable side effects to cyclosporine or there is a contraindication (NOTE: cyclosporine is used as a bridge therapy for patients who will be started on the slower acting 6-MP or AZA)
- Patient has had surgical intervention

**Additional Criteria for Crohn’s: (Humira, Remicade, Cimzia, Stelara, Entyvio, Tysabri)**
- Age restriction (Cimzia, Stelara, Entyvio, and Tysabri): At least 18 years old
- Age restriction (Remicade and Humira): At least 6 years old
- **STEROID-DEPENDENT CROHN’S:**
  - Patient had a relapse within three months of stopping glucocorticoids OR is unable to taper steroids to an acceptable dose after 3 months without having symptom recurrence
  - Patient had inadequate response or intolerable side effects with a 3-month trial of 6-mercaptopurine (6-MP) or azathioprine (AZA) or injectable MTX or has contraindications to all agents
- **STEROID-REFRACTORY CROHN’S:**
  - Inadequate response or intolerable side effects to IV glucocorticoids after 7-10 days OR oral prednisone >40mg/day after 30 days (NOTE: it is recommended to switch to IV glucocorticoids for patients who are not responding to oral glucocorticoids)

**Additional Criteria for Hidradenitis Suppurative (acne inversa): (Humira)**
- Patient is at least 18 years old
- Patient has >3 abscesses or inflammatory nodules
- Patient has moderate to severe disease (Hurley stage II-III)
- Patient has had inadequate response or intolerable side effects with an oral antibiotic such as tetracycline, doxycycline, or minocycline OR topical antibiotics (if patient has a contraindication to oral tetracyclines)

**Additional Criteria for Uveitis: (Humira)**
- Patient is at least 18 years old
- Patient has intermediate, posterior, or panuveitis that is not caused by an infection
- Patient is currently taking an oral corticosteroid or has a contraindication to corticosteroids
- Patient has had an inadequate response or intolerable side effects with at least 2 different steroid-sparing immunosuppressive medications such as methotrexate, azathioprine, mycophenolate, cyclosporine, or tacrolimus, or has contraindications to these agents

**Initial Approval:**
4 months

**Renewal:**
Indefinite
- UC and Crohn’s: Patient should be in remission without need for daily prednisone >5 mg per day
- RA, JIA, AS, PsA, uveitis: At least 20% symptom improvement
- Psoriasis: At least 20% improvement. Enbrel dose should be reduced to 50mcg per week
- Hidradenitis: At least 25% reduction in total abscess and inflammatory nodule count AND no increase in abscesses or draining fistulas
- Labs required for Actemra:

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Quantity Limits:

- **Humira**:
  - For RA, AS, PsA, and JIA: 2 syringes/pens per 28 days
  - For Crohns, UC, and Hidradenitis:
    - 6 syringes/pens in the initial 28 days
    - 2 syringes/pens per 28 days after induction period
  - For Psoriasis and Uveitis:
    - 4 syringes/pens in the initial 28 days
    - 2 syringes/pens per 28 days after induction period

- **Enbrel**:
  - For RA, AS, PsA, and JIA: 4, 50mg syringes OR 8, 25mg syringes per 28 days
  - For Psoriasis:
    - 8, 50mg syringes per 28 days for the initial 3 months
    - 4, 50mg syringes per 28 days after induction period

- **Actemra SQ**:
  - For RA:
    - Weight <100kg: 2 syringes per 28 days. Max dose is 4 syringes per 28 days
    - Weight >100kg: 4 syringes per 28 days
  - **Actemra IV**:
    - For RA: 4 to 8mg/kg every 28 days
    - For PJIA:
      - Weight <30kg: 10mg/kg every 28 days
      - Weight >30kg: 8mg/kg every 28 days
    - For SJIA:
      - Weight <30kg: 12mg/kg every 14 days
      - Weight >30kg: 8mg/kg every 14 days

- **Cimzia**:
  - 6 syringes/vials allowed in the initial 54 days
  - 2 syringes/vials per 28 days after induction period

- **Cosentyx**
  - For AS and PsA:
    - 4 syringes/pens in the initial 28 days
    - 1 syringe/pen per 28 days after induction period
  - For Psoriasis:
    - 8 syringes/pens in the initial 28 days
    - 2 syringes/pens per 28 days after induction period

- **Entyvio**
  - For Crohns and UC: 1 vial per 28 days for the initial 2 months; then 1 vial per 56 days

- **Ilaris**
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- For CAPS (>40 kg): 150mg every 8 weeks, 1 vial per 56 days
- For CAPS (<40 kg): 2mg/kg every 8 weeks, 1 vial per 56 days. Dose may be increased to 3mg/kg given every 8 weeks
- For SJIA: 4mg/kg (max 300mg) every 4 weeks
  - QLL for doses <180mg: 1 vial per 28 days
  - QLL for doses >180mg: 2 vials per 28 days

- Kineret:
  - For RA, JIA, and CAPS: 1 syringe per day

- Orencia IV:
  - For RA:
    - Weight <60kg: 2 vials per 28 days
    - Weight 60-100kg: 3 vials per 28 days
    - Weight >100kg: 4 vials per 28 days
  - For JIA:
    - Weight <75kg: 10mg/kg every 28 days
    - Weight >75kg: Follow adult RA dosing above

- Orencia SQ:
  - For RA: 4 syringes per 28 days

- Remicade:
  - For RA: 3mg/kg at week 0, 2 and 6, then every 8 weeks thereafter. Max dose is 10mg/kg every 8 weeks or 3mg/kg every 4 weeks.
  - For Crohns: 5mg/kg at week 0, 2 and 6, then every 8 weeks thereafter. Max dose is 10mg/kg every 8 weeks
  - For UC, PsA and Psoriasis: 5mg/kg at week 0, 2 and 6, then every 8 weeks thereafter.
  - For AS: 5mg/kg at week 0, 2 and 6, then every 6 weeks thereafter.

- Simponi:
  - For RA, AS, and PsA: 1, 50mg syringe per 28 days
  - For UC:
    - 3, 100mg syringes allowed in the initial 54 days
    - 1, 100mg syringe per 28 days after induction period

- Simponi Aria:
  - For RA: 2mg/kg at week 0 and 4, then every 8 weeks thereafter

- Stelara:
  - For Psoriasis:
    - Weight <100kg: 1, 45mg syringe per 28 days for initial 2 months; then 1, 45mg syringe per 84 days
    - Weight >100kg: 1, 90mg syringe per 28 days for initial 2 months; then 1, 90mg syringe per 84 days
  - For PsA:
    - 1, 45mg syringe per 28 days for initial 2 months; then 1, 45mg syringe per 84 days
  - For Crohns:
    - 1, 90mg syringe per 56 days

- Taltz

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- For Psoriasis:
  - 3 syringes in the first 28 days
  - 2 syringes per 28 days for months 2 and 3
  - 1 syringe per 28 days after initial induction

- Tysabri:
  - For Crohns: 1 vial per 28 days

- Xeljanz:
  - For RA: 2 tablets per day

- Xeljanz XR:
  - For RA: 1 tablet per day

References:
2. Humira (adalimumab) [package insert]. North Chicago, IL; AbbVie Inc; Revised August 2016.
3. Cimzia (certolizumab) [package insert]. Smyrna, GA; UCB Inc; Revised May 2016.
4. Remicade (infliximab) [package insert]. Horsham, PA; Janssen Biotech Inc; Revised September 2015.
7. Xeljanz (tacrolimus citrate) [package insert]. NJ, NJ; Pfizer Labs; Revised March 2016.
8. Stelara (ustekinumab) [package insert]. South San Francisco, CA; Genetec, Inc; Revised September 2016.
10. Actemra (tocilizumab) [package insert]. Chicago, IL; Pfizer Inc; Revised June 2015.
11. Ilaris (canakinumab) [package insert]. East Hanover, NJ; Novartis Pharmaceuticals Corporation; Revised July 2016.
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