



Inland Empire Health Plan

Drug Class Prior Authorization Criteria Rheumatic and Inflammatory Diseases

Line of Business: Medicaid

P & T Approval Date: August 21, 2019

Effective Date: October 1, 2019

These criteria have 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.

Drugs Requiring Prior Authorization Review: Enbrel (etanercept), Humira (adalimumab), Otezla (apremilast)

Indication / Medication	Ankylosing spondylitis	Crohn's disease	Hidradenitis suppurativa	Plaque psoriasis	Psoriatic arthritis	Rheumatoid arthritis	Ulcerative colitis
	(AS)	(CD)	(HS)	(PP)	(PsA)	(RA)	(UC)
Enbrel (etanercept)	x			x	x	x	
Humira (adalimumab)	x	x	x	x	x	x	x
Otezla (apremilast)				x	x		

- X = indicates that there is a PA criteria on the medication for the indication

CRITERIA:

ENBREL (ETANERCEPT)

Covered Uses: Ankylosing spondylitis

Excluding Criteria: N/A

Required Medical Information:

Must meet the following requirement:

- Failure or clinically significant adverse effects to at least one-month treatment course of NSAID therapy at maximal recommended dose or maximally tolerated dose

Age Restrictions: N/A

Prescriber Restrictions: Rheumatologist

Other Criteria:

Reauthorization Criteria: Must meet all of the following requirements:

- Documentation of meeting therapeutic goal (e.g. disease stability,



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improvement in daily activities and/or reduction in frequency of disease attacks)

- b. Requested dosage and administration are consistent with the FDA recommendations

Covered Uses: Plaque psoriasis

Excluding Criteria: N/A

Required Medical Information:

Must meet all of the following requirements:

- a. Must meet "1" of the following requirements:
 - i. Documented psoriasis involvement of at least 10% of the body surface area
 - ii. Documented psoriasis involvement of the face, ears, hands, feet or genitalia
 - iii. Documented significant functional disability (i.e. unable to do daily activities)
- b. Trial and failure of at least one non-biologic DMARD (e.g. methotrexate, cyclosporine, azathioprine, etc.)

Age Restrictions: N/A

Prescriber Restrictions: Dermatologist, Rheumatologist

Other Criteria: Reauthorization Criteria: Must meet all of the following requirements:

- a. Documentation of meeting therapeutic goal (e.g. disease stability, improvement in daily activities and/or reduction in frequency of disease attacks)
- b. Requested dosage and administration are consistent with the FDA recommendations

Covered Uses: Psoriatic arthritis

Exclusion Criteria: N/A

Required Medical Information:

Must meet the following requirement:

- a. Failure or clinically significant adverse effects to at least one non-biologic DMARD (e.g. methotrexate, leflunomide, sulfasalazine, etc.)

Age Restrictions: N/A



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Prescriber Restrictions: Dermatologist, Rheumatologist

Other Criteria: Reauthorization Criteria: Must meet all of the following requirements:

- Documentation of meeting therapeutic goal (e.g. disease stability, improvement in daily activities and/or reduction in frequency of disease attacks)
- Requested dosage and administration are consistent with the FDA recommendations

Covered Uses: Rheumatoid arthritis

Exclusion Criteria: CCS eligible

Required Medical Information: Must meet the following requirement:

- Failure or clinically significant adverse effects to at least one non-biologic DMARD: methotrexate, hydroxychloroquine, leflunomide or sulfasalazine

Age Restrictions: N/A

Prescriber Restrictions: Rheumatologist

Other Criteria: Reauthorization Criteria: Must meet all of the following requirements:

- Documentation of meeting therapeutic goal (e.g. disease stability, improvement in daily activities and/or reduction in frequency of disease attacks)
- Requested dosage and administration are consistent with the FDA recommendations

HUMIRA (ADALIMUMAB)

Covered Uses: Ankylosing spondylitis

Exclusion Criteria: N/A

Required Medical Information: Must meet the following requirement:

- Failure or clinically significant adverse effects to at least one-month



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treatment course of NSAID therapy at maximal recommended dose or maximally tolerated dose

Age Restrictions: N/A

Prescriber Restrictions: Rheumatologist

Other Criteria: Reauthorization Criteria: Must meet all of the following requirements:

- a. Documentation of meeting therapeutic goal (e.g. disease stability, improvement in daily activities and/or reduction in frequency of disease attacks)
- b. Requested dosage and administration are consistent with the FDA recommendations

Covered Uses: Crohn's disease

Exclusion Criteria: CCS eligible

Required Medical Information: Must meet all of the following requirements:

- a. Must meet "1" of the following requirements:
 - i. Failure or clinically significant adverse effects to an adequate course of corticosteroids (e.g. oral budesonide 9 mg/day, prednisone 40-60 mg daily)
 - ii. Documentation that patient has been unable to taper corticosteroid therapy without experiencing worsening of disease
- b. Treatment with at least a two-month course of DMARD (e.g. azathioprine, mercaptopurine or methotrexate) was not effective or not tolerated, unless all are contraindicated.

Age Restrictions: N/A

Prescriber Restrictions: Gastroenterologist

Other Criteria: Reauthorization Criteria: Must meet all of the following requirements:

- a. Documentation of meeting therapeutic goal (e.g. disease stability, improvement in daily activities and/or reduction in frequency of disease attacks)
- b. Requested dosage and administration are consistent with the FDA recommendations



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Covered Uses:	Hidradenitis suppurativa
Exclusion Criteria:	CCS eligible
Required Medical Information:	Must meet "1" of the following requirements: <ul style="list-style-type: none">a. Diagnosis of severe hidradenitis suppurativa (e.g. Hurley Stage III)b. Diagnosis of moderate hidradenitis suppurativa (e.g. Hurley Stage II); and Failure or clinically significant adverse effects to 12-weeks of antibiotic therapy: clindamycin, doxycycline, minocycline or tetracycline
Age Restrictions:	N/A
Prescriber Restrictions:	Dermatologist, Rheumatologist
Other Criteria:	Reauthorization Criteria: Must meet all of the following requirements: <ul style="list-style-type: none">a. Documentation of meeting therapeutic goal (e.g. disease stability, improvement in daily activities and/or reduction in frequency of disease attacks)b. Requested dosage and administration are consistent with the FDA recommendations

Covered Uses:	Plaque psoriasis
Exclusion Criteria:	N/A
Required Medical Information:	Must meet all of the following requirements: <ul style="list-style-type: none">a. Must meet "1" of the following requirements:<ul style="list-style-type: none">i. Documented psoriasis involvement of at least 10% of the body surface areaii. Documented psoriasis involvement of the face, ears, hands, feet or genitaliaiii. Documented significant functional disability (i.e. unable to do daily activities)b. Trial and failure of at least one non-biologic DMARD (e.g. methotrexate, cyclosporine, azathioprine, etc.)
Age Restrictions:	N/A
Prescriber Restrictions:	Dermatologist, Rheumatologist



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Other Criteria:

Reauthorization Criteria: Must meet all of the following requirements:

- a. Documentation of meeting therapeutic goal (e.g. disease stability, improvement in daily activities and/or reduction in frequency of disease attacks)
- b. Requested dosage and administration are consistent with the FDA recommendations

Covered Uses:

Psoriatic arthritis

Exclusion Criteria:

N/A

Required Medical Information:

Must meet the following requirement:

- a. Failure or clinically significant adverse effects to at least one non-biologic DMARD (e.g. methotrexate, leflunomide, sulfasalazine, etc.)

Age Restrictions:

N/A

Prescriber Restrictions:

Dermatologist, Rheumatologist

Other Criteria:

Reauthorization Criteria: Must meet all of the following requirements:

- a. Documentation of meeting therapeutic goal (e.g. disease stability, improvement in daily activities and/or reduction in frequency of disease attacks)
- b. Requested dosage and administration are consistent with the FDA recommendations

Covered Uses:

Rheumatoid arthritis

Exclusion Criteria:

CCS eligible

Required Medical Information:

Must meet the following requirement:

- a. Failure or clinically significant adverse effects to at least one non-biologic DMARD: methotrexate, hydroxychloroquine, leflunomide or sulfasalazine

Age Restrictions:

N/A

Prescriber Restrictions:

Rheumatologist

Other Criteria:

Reauthorization Criteria: Must meet all of the following requirements:



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- a. Documentation of meeting therapeutic goal (e.g. disease stability, improvement in daily activities and/or reduction in frequency of disease attacks)
- b. Requested dosage and administration are consistent with the FDA recommendations

Covered Uses: Ulcerative colitis

Exclusion Criteria: CCS eligible

Required Medical Information:

Must meet all of the following requirements:

- a. Failure or clinically significant adverse effects to "2" of the following:
 - i. An adequate course of corticosteroids (e.g. oral budesonide 9 mg/day, prednisone 40-60 mg daily or budesonide rectal for 7-14 days)
 - ii. At least one aminosalicylate: mesalamine, balsalazide, sulfasalazine
 - iii. Treatment with at least a two-month course of DMARD (e.g. azathioprine, mercaptopurine, methotrexate) was not effective or not tolerated, unless all are contraindicated

Age Restrictions: N/A

Prescriber Restrictions: Gastroenterologist

Other Criteria: Reauthorization Criteria: Must meet all of the following requirements:

- a. Documentation of meeting therapeutic goal (e.g. disease stability, improvement in daily activities and/or reduction in frequency of disease attacks)
- b. Requested dosage and administration are consistent with the FDA recommendations

OTEZLA (APREMILAST)

Covered Uses: Plaque psoriasis
Psoriatic arthritis

Exclusion Criteria: N/A



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Required Medical Information:

Must meet the following requirement:

- a. Must meet "1" of the following requirements:
 - i. Failure or clinically significant adverse effects to one of the preferred biologic therapies: **Enbrel** or **Humira**

Age Restrictions:

N/A

Prescriber Restrictions:

Dermatologist, Rheumatologist

Other Criteria:

Reauthorization Criteria: Must meet all of the following requirements:

- a. Documentation of meeting therapeutic goal (e.g. disease stability, improvement in daily activities and/or reduction in frequency of disease attacks)
- b. Requested dosage and administration are consistent with the FDA recommendations

Change Control		
Date	Change	Author
08/21/2019	<ul style="list-style-type: none"> • Added an indication table on page 1 for overview purpose • Retired PA criteria for non-preferred agents: <ul style="list-style-type: none"> ○ Actemra, Cimzia, Cosentyx, Entyvio, Kevzara, Kineret, Orencia, Renflexis, Simponi, Simponi Aria, Stelara, Taltz, Tremfya, Tysabri, Xeljanz • Retired PA criteria for low volume utilization <ul style="list-style-type: none"> ○ Humira: NIU (non-infectious uveitis) criteria retired • Created PA criteria for high PA volume indication: <ul style="list-style-type: none"> ○ Humira: HS (hidradenitis suppurativa) criteria added 	SV
05/15/2019	<ul style="list-style-type: none"> • Revise Xeljanz criteria: remove trial and failure requirement through Humira, Simponi and Renflexis per new updated 2019 ACG guidelines 	ND
08/17/2018	<ul style="list-style-type: none"> • Post P&T changes: Remove Inflixtra and Remicade from document; Renflexis is the preferred infliximab agent 	HC
08/06/2018	<ul style="list-style-type: none"> • Added double lines to all drug names for consistency 	IK
07/15/2018	<ul style="list-style-type: none"> • Added new FDA indication of plaque psoriasis to Cimzia • Added new FDA indication of ulcerative colitis to Xeljanz 	HC



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	<ul style="list-style-type: none">• Remicade: Documented intolerance or contraindication to an inactive ingredient in Renflexis and Inflectra• Inflectra: Documented intolerance or contraindication to an inactive ingredient in Renflexis• Remove Ilaris criteria due to rare indications	
07/11/2018	<ul style="list-style-type: none">• Reformatted document	IK