Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Adalimumab 40 mg/0.8 mL (Humira)

Notes:
Gastroenterology High Risk Classification
- Crohn’s disease: at least one of the following - extensive anatomical involvement, perianal and/or severe rectal disease, deep ulcers, prior surgical resection, stricture and/or penetrating behavior
- Ulcerative colitis: at least one of the following - extensive colitis, deep ulcers, age <40 years, high CRP and ESR, history of hospitalization, c. difficile infection, CMV infection

Initiation (new start) criteria: Formulary adalimumab 40 mg/0.8 mL (Humira) will be covered on the prescription drug benefit when the following criteria are met:

1. Prescriber is a dermatologist and patient has a diagnosis of psoriasis
   - Patient has failed an adequate trial of phototherapy (unless documented by prescriber phototherapy not appropriate)
   - Patient has tried and failed/intolerant to at least 1 of the following:
     - Methotrexate
     - Cyclosporine
     - Acitretin

2. Prescriber is a dermatologist and patient has a diagnosis of hidradenitis suppurativa

3. Prescriber is a rheumatologist and patient has a diagnosis of rheumatoid arthritis/inflammatory arthritis
   - Patient has tried and failed/intolerant to as least 1 of the following:
     - Methotrexate
     - Hydroxychloroquine
     - Sulfasalazine
     - Leflunomide
   - Patient has tried and failed/intolerant to at least 1 of the following (or contraindication to both):
     - Infliximab product (unless documented by prescriber that patient is unable to attend infusion appointments)
     - Tofacitinib (also criteria based)

4. Prescriber is a rheumatologist or dermatologist and patient has a diagnosis of psoriatic arthritis
   - Patient has tried and failed/intolerant to or has contraindication to methotrexate (methotrexate not required if patient has dactylitis [inflammation of finger or toe])
   - Patient has tried and failed/intolerant to at least 1 of the following (or contraindication to both):
CRITERIA FOR DRUG COVERAGE

Adalimumab 40 mg/0.8 mL (Humira)

- Infliximab product (unless documented by prescriber that patient is unable to attend infusion appointments)
- Tofacitinib (also criteria based)

5. Prescriber is a rheumatologist and patient has a diagnosis of ankylosing spondylitis/spondyloarthropathy

6. Prescriber is a gastroenterologist and patient is 17 years of age or younger with a diagnosis of Crohn’s disease or ulcerative colitis (if patient is 18 and older, see #7 or #8)
   - Patient has tried and failed/intolerant to infliximab product (unless documented by prescriber that patient is unable to attend infusion appointments)

7. Prescriber is a gastroenterologist and patient has a diagnosis of Crohn’s disease
   - If patient is LOW risk:
     - Patient has tried and failed/intolerant to the following:
       - Prednisone or budesonide
       - At least 1 of the following: azathioprine, mercaptopurine, methotrexate
       - Infliximab product (unless documented by prescriber that patient is unable to attend infusion appointments)
   - If patient is HIGH risk:
     - Patient has tried and failed/intolerant to the following:
       - Infliximab product (unless documented by prescriber that patient is unable to attend infusion appointments)

8. Prescriber is a gastroenterologist and patient has a diagnosis of ulcerative colitis
   - If patient is LOW risk:
     - Patient has tried and failed/intolerant to the following:
       - Prednisone
       - At least 1 of the following: mesalamine product (oral or rectal), sulfasalazine
       - At least 1 of the following: azathioprine, mercaptopurine, methotrexate
       - Infliximab product (unless documented by prescriber that patient is unable to attend infusion appointments)
   - If patient is HIGH risk:
     - Patient has tried and failed/intolerant to the following:
       - Infliximab product (unless documented by prescriber that patient is unable to attend infusion appointments)
9. Prescriber is a uveitis specialist and patient has a diagnosis of iridocyclitis/uveitis

**Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously and criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:**

1. Prescriber is a dermatologist, rheumatologist, gastroenterologist, or uveitis specialist