



**TUMOR NECROSIS FACTOR (TNF) INHIBITORS (IMMUNOMODULATORS)
PA SUMMARY**

PREFERRED	Enbrel (etanercept), Humira (adalimumab)
NON-PREFERRED	Cimzia (certolizumab), Kineret (anakinra), Simponi (golimumab)

LENGTH OF AUTHORIZATION: Varies, depending on medication/indication

NOTES:

- ❖ All preferred and non-preferred products require prior authorization.
- ❖ If medication is being administered in a physician’s office, then it must be billed through the DCH physician’s injectable program and not the outpatient pharmacy program. Information regarding the physician’s injectable program can be located at www.mmis.georgia.gov.

PA CRITERIA:

For Cimzia

- ❖ Approvable for members 18 years of age or older with Crohn’s Disease when the member has tried and failed a 3-month course of Humira.
- ❖ Approvable for members 18 years of age or older with moderately to severely active rheumatoid arthritis, active psoriatic arthritis, or ankylosing spondylitis when the member has tried and failed a course of Enbrel and Humira for 3 months each.
- ❖ Member must not have a preexisting infection or condition that predisposes the member to infection. If the member has latent tuberculosis (TB), the member must be on TB prophylaxis therapy.

For Enbrel

- ❖ Approvable for members 18 years of age or older with moderately to severely active rheumatoid arthritis when the member has tried and failed methotrexate alone or in combination with another disease-modifying antirheumatic drug (DMARD) for at least 3 months or when the member has high disease activity and features of poor prognosis.
- ❖ Approvable for members 18 years of age or older with active psoriatic arthritis when the member has tried and failed a generic DMARD.
- ❖ Approvable for members 18 years of age or older with ankylosing spondylitis when the member has tried and failed two nonsteroidal antiinflammatory drugs (NSAIDs) or when NSAIDs are contraindicated.
- ❖ Approvable for members 18 years of age or older with plaque psoriasis when the member has tried and failed topical and systemic therapy.
- ❖ Approvable for members 2 years of age or older with juvenile idiopathic arthritis/juvenile rheumatoid arthritis when the member has tried and failed methotrexate for 3 months or when methotrexate is contraindicated.
- ❖ Member must not have a preexisting infection or condition that predisposes the member to infection. If the member has latent tuberculosis (TB), the member must be on TB prophylaxis therapy.



For Humira

- ❖ Approvable for members 18 years of age or older with Crohn's Disease when the member has tried and failed conventional therapy.
- ❖ Approvable for members 18 years of age or older with moderately to severely active rheumatoid arthritis when the member has tried and failed methotrexate alone or in combination with another DMARD for at least 3 months or when the member has high disease activity and features of poor prognosis.
- ❖ Approvable for members 18 years of age or older with active psoriatic arthritis when the member has tried and failed a generic DMARD.
- ❖ Approvable for members 18 years of age or older with ankylosing spondylitis when the member has tried and failed two NSAIDs or when NSAIDs are contraindicated.
- ❖ Approvable for members 18 years of age or older with plaque psoriasis when the member has tried and failed topical and systemic therapy.
- ❖ Approvable for members 2 years of age or older with juvenile idiopathic arthritis/juvenile rheumatoid arthritis when the member has tried and failed methotrexate for 3 months or when methotrexate is contraindicated.
- ❖ Approvable for members 18 years of age or older with moderately to severely active ulcerative colitis when the member has tried and failed oral or intravenous corticosteroids and at least one of the following: 6-mercaptopurine or azathioprine.
- ❖ Member must not have a preexisting infection or condition that predisposes the member to infection. If the member has latent tuberculosis (TB), the member must be on TB prophylaxis therapy.

For Kineret

- ❖ Approvable for members 18 years of age or older with moderately to severely active rheumatoid arthritis when the member has tried and failed a course of Enbrel and Humira for 3 months each *OR* member must have experienced allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to Enbrel and Humira.
- ❖ Approvable for neonatal-onset multisystem inflammatory disease (NOMID) associated with cryopyrin-associated periodic syndromes (CAPS).
- ❖ Member must not have a preexisting infection or condition that predisposes the member to infection.
- ❖ Must not be administered with a TNF modifier.

For Simponi

- ❖ Approvable for members 18 years of age or older with moderately to severely active rheumatoid arthritis in combination with methotrexate when the member has tried and failed a course of Enbrel and Humira for 3 months each.
- ❖ Approvable for members 18 years of age or older with active psoriatic arthritis or ankylosing spondylitis when the member has tried and failed a course of Enbrel and Humira for 3 months each.



- ❖ Approvable for members 18 years of age or older with moderately to severely active ulcerative colitis when the member has tried and failed a 2 month course of Humira.
- ❖ Member must not have a preexisting infection or condition that predisposes the member to infection. If the member has latent tuberculosis (TB), the member must be on TB prophylaxis therapy.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.
- ❖ **QUANTITY LEVEL LIMITATIONS:** For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.