thirdwaverx

MED RX POLICY

POLICY: Inflammatory Conditions Med Rx Policy
- Actemra® (tocilizumab intravenous infusion − Genentech/Roche)
- Cimzia® (certolizumab pegol subcutaneous injection [lyophilized powder or solution] − UCB)
- Orencia® (abatacept intravenous infusion − Bristol-Myers Squibb)
- Simponi Aria® (golimumab intravenous infusion – Janssen Biotech)

REVIEW DATE: 05/10/2023

OVERVIEW

Several products are available for use in inflammatory conditions such as rheumatoid arthritis and juvenile idiopathic arthritis.[1-4] This policy involves the use of the products listed above.

POLICY STATEMENT

This Med Rx program has been developed to encourage the use of Preferred Products. For all products (Preferred and Non-Preferred), the patient is required to meet the respective standard *Inflammatory Conditions Utilization Management Medical Policy* criteria. This program also directs the patient to try at least one Preferred Product prior to the approval of a Non-Preferred Product. Requests for Non-Preferred Products will also be reviewed using the exception criteria (below). All approvals are provided for the duration noted in the respective standard *Inflammatory Conditions Utilization Management Medical Policy*.

Automation: None.

Preferred and Non-Preferred Products.

	Rheumatology		
	Rheumatoid Arthritis	**Juvenile Idiopathic Arthritis**	**Psoriatic Arthritis**
Step 1 **Preferred**	• Cimzia • Simponi Aria	• Simponi Aria	• Cimzia • Simponi Aria
Step 2 **Non-Preferred** (directed to **ONE** Step 1 agent)	• Actemra Intravenous • Orencia Intravenous	• Actemra Intravenous *(step does not apply to systemic juvenile idiopathic arthritis)* • Orencia Intravenous	• Orencia Intravenous

RECOMMENDED EXCEPTION CRITERIA

Non-Preferred Products	Exception Criteria
Actemra Intravenous	1. **Polyarticular Juvenile Idiopathic Arthritis (PJIA) – Initial Therapy.** [Note: For systemic juvenile idiopathic arthritis, refer to criterion 4.] Approve for 6 months if patient meets the following (A and B): *A)* Patient meets the standard *Inflammatory Conditions – Actemra Intravenous Utilization Management Medical Policy* criteria; AND B) Patient meets one of the following (i or ii): i. Patient tried Simponi Aria; OR Note: A trial of an adalimumab product (Humira, biosimilars), etanercept product (Enbrel, biosimilars), or an infliximab product (Remicade, biosimilars) also counts. ii. According to the prescriber, the patient has heart failure or a previously treated lymphoproliferative disorder. 2. **Rheumatoid Arthritis, Initial Therapy.** Approve for 6 months if patient meets the following (A and B): A) Patient meets the standard *Inflammatory Conditions – Actemra Intravenous Utilization Management Medical Policy* criteria; AND B) Patient meets one of the following (i or ii): i. Patient tried one of Cimzia or Simponi Aria; OR Note: A trial of an adalimumab product (Humira, biosimilars), etanercept product (Enbrel, biosimilars), infliximab product (Remicade, biosimilars), or Simponi subcutaneous also counts. ii. According to the prescriber, the patient has heart failure or a previously treated lymphoproliferative disorder. 3. **Polyarticular Juvenile Idiopathic Arthritis or Rheumatoid Arthritis – Patient is Currently Taking Actemra (Intravenous or Subcutaneous).** [Note: For systemic juvenile idiopathic arthritis, refer to criterion 4.] Approve for 1 year if the patient meets BOTH of the following (A and B): A) Patient meets the standard *Inflammatory Conditions – Actemra Intravenous Utilization Management Medical Policy* criteria; AND B) Patient meets ONE of the following conditions (i, ii, iii, or iv): i. Patient has Polyarticular Juvenile Idiopathic Arthritis and has tried Simponi Aria; OR Note: A trial of an adalimumab product (Humira, biosimilars), etanercept product (Enbrel, biosimilars), or an infliximab product (Remicade, biosimilars) also counts. ii. Patient has Rheumatoid Arthritis and has tried one of Cimzia or Simponi Aria; OR Note: A trial an adalimumab product (Humira, biosimilars), etanercept product (Enbrel, biosimilars), infliximab product (Remicade, biosimilars), or Simponi Subcutaneous also counts. iii. According to the prescriber, the patient has heart failure or a previously treated lymphoproliferative disorder; OR iv. According to the prescriber, patient has been established on Actemra Intravenous or Actemra Subcutaneous for at least 90 days. 4. **All Other Conditions** (including systemic juvenile idiopathic arthritis). Approve if the patient meets the standard *Inflammatory Conditions – Actemra Intravenous Utilization Management Medical Policy* criteria.

Orencia Intravenous	1. **Juvenile Idiopathic Arthritis – Initial Therapy.** Approve for 6 months if patient meets BOTH of the following (A and B): *A)* Patient meets the standard *Inflammatory Conditions – Orencia Intravenous Utilization Management Medical Policy* criteria; AND B) Patient meets ONE of the following (i or ii): i. Patient tried Simponi Aria; OR Note: A trial of an adalimumab product (Humira, biosimilars), etanercept product (Enbrel, biosimilars), or an infliximab product (Remicade, biosimilars) also counts. ii. According to the prescriber, the patient has heart failure, a previously treated lymphoproliferative disorder, a previous serious infection, OR a demyelinating disorder. 2. **Psoriatic Arthritis or Rheumatoid Arthritis (RA), Initial Therapy.** Approve for 6 months if patient meets BOTH of the following (A and B): *A)* Patient meets the standard *Inflammatory Conditions – Orencia Intravenous Utilization Management Medical Policy* criteria; AND *B)* Patient meets ONE of the following (i or ii): *i.* Patient tried Cimzia or Simponi Aria; OR Note: A trial of an adalimumab product (Humira, biosimilars), etanercept product (Enbrel, biosimilars), infliximab product (Remicade, biosimilars), or Simponi subcutaneous also counts. *ii.* According to the prescriber, the patient has heart failure, a previously treated lymphoproliferative disorder, a previous serious infection, OR a demyelinating disorder. 3. **Juvenile Idiopathic Arthritis, Psoriatic Arthritis, or Rheumatoid Arthritis – Patient is Currently Taking Orencia (Intravenous or Subcutaneous).** Approve for 1 year if patient meets BOTH of the following (A and B): *A)* Patient meets the standard *Inflammatory Conditions – Orencia Intravenous Utilization Management Medical Policy* criteria; AND *B)* Patient meets ONE of the following (i, ii, iii, or iv): i. Patient has Juvenile Idiopathic Arthritis and has tried Simponi Aria; OR Note: A trial of an adalimumab product (Humira, biosimilars), etanercept product (Enbrel, biosimilars), or an infliximab product (Remicade, biosimilars) also counts. ii. Patient has Psoriatic Arthritis or Rheumatoid Arthritis and has tried one of Cimzia or Simponi Aria; OR Note: A trial of an adalimumab product (Humira, biosimilars), etanercept product (Enbrel, biosimilars), infliximab product (Remicade, biosimilars), or Simponi subcutaneous also counts. iii. Patient has been established on Orencia Intravenous or Orencia Subcutaneous for at least 90 days; OR iv. According to the prescriber, the patient has heart failure, a previously treated lymphoproliferative disorder, a previous serious infection, OR a demyelinating disorder. 4. **All Other Conditions.** Approve if the patient meets the standard *Inflammatory Conditions – Orencia Intravenous Utilization Management Medical Policy* criteria.

REFERENCES

1. Actemra® injection [prescribing information]. South San Francisco, CA: Genentech; June 2019.
2. Cimzia® injection [prescribing information]. Smyrna, GA: UCB; September 2019.
3. Orencia® injection [prescribing information]. Princeton, NJ: Bristol-Myers Squibb; March 2019.
4. Simponi Aria® injection [prescribing information]. Horsham, PA: Janssen Biotech; February 2018.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	**Actemra Intravenous:** For Polyarticular Juvenile Idiopathic Arthritis and Rheumatoid Arthritis, the initial approval duration was changed to 6 months (previously was 3 months). **Orencia Intravenous:** For Juvenile Idiopathic Arthritis, Psoriatic Arthritis, and Rheumatoid Arthritis, the initial approval duration was changed to 6 months (previously was 3 months). Additionally, an exception was added for a patient with a demyelinating disorder.	05/04/2022
Annual Revision	No criteria changes.	05/10/2023