

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Adalimumab-atto (Amjevita)

Notes:

- Quantity Limits: Yes
- ^Adequate trial is defined as the following:
 - Phototherapy – 8 weeks
 - Systemic non-biologics for psoriasis – 6 weeks
 - Topical/oral antibiotics – 8 weeks
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation
- **Methotrexate not required if patient has dactylitis (inflammation of finger or toe) and/or enthesitis (inflammation of the entheses)
- 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-atto (Amjevita)** 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 failed an adequate trial^, or patient has an allergy or intolerance* to, at least 1 of the following:
 - Methotrexate
 - Cyclosporine
 - Acitretin
2. Prescriber is a dermatologist and patient has a diagnosis of hidradenitis suppurativa
 - Patient has failed an adequate trial^, or patient has an allergy or intolerance* to, the following (or contraindication to all):
 - Topical clindamycin 1%
 - Oral antibiotic
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

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Revised: 05/09/24
Effective: 06/06/24

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- Hydroxychloroquine
 - Sulfasalazine
 - Leflunomide
4. Prescriber is a dermatologist or rheumatologist and patient has a diagnosis of psoriatic arthritis
 - Patient has tried and failed/intolerant to or has contraindication to methotrexate**
 5. Prescriber is a rheumatologist and patient has a diagnosis of ankylosing spondylitis/spondyloarthritis
 6. Prescriber is a rheumatologist and patient has a diagnosis of juvenile idiopathic arthritis
 - Patient has tried and failed/intolerant to or has contraindication to methotrexate
 7. 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 #8 or #9)
 8. Prescriber is a gastroenterologist and patient is 18 years of age or older with a diagnosis of Crohn's disease and
 - Patient is HIGH risk OR
 - Patient is LOW risk AND
 - Patient has tried and failed/intolerant to the following:
 - Prednisone or budesonide
 - At least 1 of the following: azathioprine, mercaptopurine, methotrexate
 9. Prescriber is a gastroenterologist and patient is 18 years of age or older with a diagnosis of ulcerative colitis and
 - Patient is HIGH risk OR
 - Patient is LOW risk AND
 - Patient has tried and failed/intolerant to the following:
 - Prednisone
 - At least 1 of the following: mesalamine product (oral or rectal), sulfasalazine

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- At least 1 of the following: azathioprine, mercaptopurine, methotrexate

10. Prescriber is a uveitis specialist and patient has a diagnosis of iridocyclitis/uveitis

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Formulary **adalimumab-atto (Amjevita)** will be covered on the prescription drug benefit when the following criteria are met:

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

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