 <p>KMTSJ, Inc.</p>	DEPARTMENT:	Utilization Management
	SUBJECT:	Rheumatoid Arthritis Treatment
	PRODUCT LINE:	All
	POLICY NUMBER:	HM98
	ORIGINAL POLICY EFFECTIVE DATE:	11/21/2017
	LAST REVISED DATE:	03/06/2023
	LAST REVIEWED DATE:	03/07/2024

SCOPE: To ensure Group Health Cooperative of Eau Claire (the Cooperative) consistently and correctly administers benefits to all members according to their policy benefits.

POLICY: It is the policy of the Cooperative to review requests for rheumatoid treatments including infusions according to member policy and evidence-based medical criteria through the prior authorization process.

PROCEDURE: Prior Authorization Required: YES

Coverage Criteria:

First line treatments:

Conventional therapy (nonbiologic DMARDs) is first line therapy and includes:

1. hydroxychloroquine 200-400mg daily
2. methotrexate (MTX) 20mg weekly (must fail the SQ/IM route)
3. sulfasalazine 2,000 to 3,000mg daily
4. leflunomide 10 to 20mg daily

Second line treatments:

Member must have a diagnoses of moderate to severe rheumatoid arthritis and must have an insufficient response (at least a 4 month trial) to at least three non-biologic DMARDs (and one must be MTX) or an intolerance/contraindication to ALL of the nonbiologic DMARDs listed above.

TNF:

1. adalimumab (Humira) 4mg SQ every 2 weeks
2. certolizumab (Cimzia) 200mg SQ every 2 weeks
3. etanercept (Enbrel) 50mg SQ weekly
4. golimumab (Simponi) 50mg SQ every 4 weeks

Selective T-cell costimulation modulator:

1. abatacept (Orencia) 125mg SQ weekly

IL-6 receptor agonists:


1. sarilumab (Kevzara) 200mg SQ every 2 weeks
2. tocilizumab (Actemra) 162mg SQ weekly

IL-1 receptor agonist:

1. anakinra (Kineret) 100mg SQ daily

JAK inhibitor:

1. tofacitinib (Xeljanz) PO BID or QD
2. upadacitinib (Rinvoq) PO QD
3. baricitinib (Olumiant) PO QD

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Third line treatments:

Member must have an insufficient response (at least a 4 month trial) to all of the classes of medications listed under second line treatments (and multiple medications within the classes) or an intolerance/contraindication to ALL the medications listed under second line treatments.

TNF

1. infliximab (Renflexis, Inflectra, Remicade) 3mg/kg IV every 8 weeks. When the member meets criteria for infliximab approve Renflexis which is the least costly product. If Renflexis is not available then approve Inflectra. Remicade should be denied as it is the most costly product.

Anti-CD antibody/B-cell depletion agent:

1. rituximab (Rituxan) 1,000mg IV every 6 weeks



APPROVED: _____

DATE: 03/07/2024

REVISION HISTORY:

Rev. Date	Revised By/Title	Summary of Revision
01/02/2019	Michele Bauer, MD	Reviewed. No changes.
02/03/2020	Michele Bauer, MD, CMO	Reviewed. No changes.
03/10/2021	Michele Bauer, MD, CMO	Reviewed. No changes.
03/14/2022	Michele Bauer, MD, CMO	Added Rinvoq
03/06/2023	Dakota Rau, PharmD	Added Olumiant
03/07/2024	Dakota Rau, PharmD	Reviewed. No changes.