Drug Use Research & Management Program
Oregon State University, 500 Summer Street NE, E35
Salem, Oregon 97301-1079
Phone 503-947-5220 | **Fax** 503-947-1119

Drug Use Evaluation: Combination Biologic Therapy for Immunologic Conditions

Research Questions:

- How many patients receiving biologic therapy for immunologic conditions are also prescribed concomitant disease modifying rheumatologic arthritic drugs (DMARDs)?

Conclusions:

- In patients with psoriatic or rheumatoid arthritis for which combination therapy with a DMARD and biologic is recommended, combination therapy was prescribed for only 39 patients (less than 35% of patients with these diagnoses). Thirty-two patients with a diagnosis of psoriatic arthritis and 48 patients with rheumatoid arthritis were not prescribed combination therapy.
- In patients prescribed a concomitant DMARD, adherence to DMARD therapy was low. Approximately 28% of patients had PDC less than 25% over 6 months for a DMARD indicating either only short-term use or low adherence to continuous therapy.
- A recent Food and Drug Administration (FDA) safety alert for tofacitinib describes an increased risk of pulmonary embolism and death in patients with rheumatoid arthritis prescribed more than the FDA-recommended maximum dose of 5 mg twice daily.

Recommendations:

- Current utilization data supports inclusion of concomitant DMARD use in PA criteria when appropriate (see **Appendix 1**).
- Update prior authorization (PA) criteria to include a maximum dose for patients with rheumatoid arthritis prescribed tofacitinib and to reinforce periodic tuberculosis testing.

Background and Purpose of the Review:

Biologics for autoimmune conditions are used for a wide variety of conditions. PA criteria are required for all biologic treatments, and current criteria recommend use of a DMARDs as a first-line treatment for most conditions. Recently, PA criteria were updated to include evaluation of concomitant DMARD and biologic therapy for rheumatoid arthritis and psoriatic arthritis. Guidelines from the National Institute of Care Excellence (NICE) recommend use of concomitant DMARDs (primarily methotrexate) in combination with biologic therapy for patients with psoriatic arthritis or rheumatoid arthritis. Combination therapy with DMARDs and biologics is not recommended for juvenile idiopathic arthritis, ankylosing spondylitis, plaque psoriasis, or ulcerative colitis.[1,2] Similar recommendations are made in the 2016 guidelines from the European League Against Rheumatism which recommend use of biologics or targeted synthetic DMARD in combination with a DMARD for patients with rheumatoid arthritis.[2]

This brief drug use evaluation quantifies the proportion of patients prescribed combination biologic and DMARD therapy and evaluates adherence to those therapies based on available claims data. A new safety communication from the FDA will also be reviewed.

Author: Sarah Servid, PharmD

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New FDA Safety Communications

In March 2019, the FDA issued a safety communication regarding risk of adverse effects with 10 mg twice daily tofacitinib in patients with rheumatoid arthritis.[3] The maximum dose of tofacitinib in patients with rheumatoid arthritis is 5 mg twice daily, and the higher dose is only approved for patients with ulcerative colitis. The warning was issued after a safety clinical trial found an increased risk of pulmonary embolism and death in patients prescribed 10 mg twice daily for rheumatoid arthritis compared to a lower tofacitinib dose or a tumor necrosis factor inhibitor.[3] This post-marketing safety trial was evaluating 5 and 10 mg twice daily doses of tofacitinib in combination with methotrexate. Patients included in the study were at least 50 years old and had at least one cardiovascular risk factor. Patients enrolled in the trial on a 10 mg twice daily dose of tofacitinib are being transitioned to a lower dose, and the trial is expected to be complete by the end of 2019.[3]

Methods:

The patient population included current Medicaid patients with a fee for service (FFS) claim for a biologic for autoimmune conditions from 7/01/2017 to 6/30/2018. The index event was defined as the first paid pharmacy or medical claim for a biologic listed in **Appendix 2 (Table A1)**. Patients on combination therapy were defined as any patient with paid claims for at least 21 days of overlapping therapy for both a DMARD and biologic in the 6 months following the index event with no more than a 7 day gap in coverage. DMARDs of interest are listed in **Appendix 2**. Results were stratified by drug and patient diagnoses. Patients with diagnoses for relevant conditions were identified based on ICD-10 codes within the year before or 6 months after the index event (**Appendix 2**). Adherence to individual and combination therapy was evaluated using the proportion of days covered by both therapies (biologic and DMARD) in the 6 months following the index event. Days' supply for pharmacy claims was defined based on information submitted with the claim, and days' supply for medical claims was defined based on maintenance dose for each agent (**Appendix 2**). If maintenance dose varied by condition, the longest estimate of days' supply was used to provide a more conservative estimate of treatment adherence.

The total number of patients with dual biologic treatment was also evaluated using the same definitions listed above. Adherence to combination biologic treatment was evaluated using the proportion of days covered by both biologics in the 6 months following the index event.

Patients were excluded if they had Medicare part D coverage, Medicare Part B coverage and medical claims for a biologic, or had ≤75% Medicaid eligibility in the year prior to the index event.

Results:

Of the nearly 250 patients prescribed biologics over the course of the study year, less than half of patients had a diagnosis of rheumatoid or psoriatic arthritis for which combination therapy with a DMARD is recommended (**Table 1**). Of all patients prescribed a biologic for any condition, only 23% of patients (n=58) were prescribed combination treatment with a biologic and DMARD. In patients with psoriatic or rheumatoid arthritis, combination therapy was prescribed for only 39 patients (less than 35% of patients with these diagnoses). Claims indicate that combination treatment was not prescribed for 32 patients with psoriatic arthritis or 48 patients with rheumatoid arthritis.

Overall adherence to DMARD therapy was low (**Table 2**). Only 26-28% of patients had a PDC of more than 75% for DMARD therapy indicating high adherence to continuous therapy. Approximately 28% of patients had PDC less than 25% over 6 months for a DMARD indicating either only short-term use or low adherence to continuous therapy.

Table 1. Assessment of combination treatment in the 6 months following the first paid biologic claim. Results are presented for the total population then stratified by the index event drug and by relevant diagnosis present in the 1 year before or 6 months after the IE. If patients had multiple diagnoses, they may be counted more than once.

	Patients with Combination Treatment		No Combination Treatment	
	#	%	#	%
Total	58		190	
Individual Drugs				
abatacept	1	1.7%	1	0.5%
abatacept/maltose	2	3.4%	1	0.5%
adalimumab	19	32.8%	37	19.5%
apremilast	0	0.0%	6	3.2%
belimumab	0	0.0%	2	1.1%
certolizumab pegol	0	0.0%	8	4.2%
etanercept	11	19.0%	31	16.3%
golimumab	3	5.2%	4	2.1%
infliximab	12	20.7%	44	23.2%
infliximab-dyyb	1	1.7%	0	0.0%
natalizumab	1	1.7%	7	3.7%
rituximab	3	5.2%	20	10.5%
secukinumab	1	1.7%	2	1.1%
tocilizumab	3	5.2%	6	3.2%
tofacitinib citrate	1	1.7%	3	1.6%
ustekinumab	0	0.0%	9	4.7%
vedolizumab	0	0.0%	9	4.7%
Diagnosis				
Ankylosing spondylitis	2	3.4%	10	5.3%
Crohn's Disease	8	13.8%	47	24.7%
Juvenile Idiopathic Arthritis	1	1.7%	7	3.7%
Plaque psoriasis	8	13.8%	48	25.3%
Psoriatic arthritis	6	10.3%	32	16.8%
Rheumatoid Arthritis	34	58.6%	48	25.3%
Ulcerative colitis	4	6.9%	18	9.5%
None of the above	5	8.6%	31	16.3%

Table 2. Adherence to combination treatment evaluated as the proportion of days covered by both a DMARD and biologic treatment in the 6 months following the index event.

	All Patients with Combination Treatment		Subgroup of patients with diagnosis of psoriatic arthritis or rheumatoid arthritis on combination therapy	
	#	%	#	%
N=	58		39	
Biologic				
PDC <=25%	3	5.2%	3	7.7%
PDC 26-75%	33	56.9%	20	51.3%
PDC >75%	22	37.9%	16	41.0%
DMARD				
PDC <=25%	16	27.6%	11	28.2%
PDC 26-75%	26	44.8%	18	46.2%
PDC >75%	16	27.6%	10	25.6%
Combination				
PDC <=25%	34	58.6%	24	61.5%
PDC 26-75%	20	34.5%	12	30.8%
PDC >75%	4	6.9%	3	7.7%

Data Limitations:

Diagnosis and proportion of covered days are based on claims history which may not accurately reflect true patient diagnoses or correlate with actual medication adherence. Medical claims are not submitted with a days' supply and duration of therapy based on medical claims is an estimate only. Days' supply estimates were based on maintenance dosing for biologics and may not be accurate if members are initiating treatment. Similarly, estimates of days' supply based on pharmacy claims may be inaccurate if they are inappropriately billed and may not correlate to actual adherence for the patient.

References:

1. Moretz, D and Servid, S. Drug Use Research & Management Program. Drug Class Update with New Drug Evaluation: Biologics for Autoimmune Conditions. 2017; http://www.orpdl.org/durm/meetings/meetingdocs/2017_07_27/archives/2017_07_27_Biologics_Class_Update_with_Brodalumab_ARCHIVE.pdf. Accessed March 12, 2019.
2. Moretz, D and Page, J. Drug Use Research & Management Program. Drug Class Update: Biologics for Autoimmune Conditions. 2018; http://www.orpdl.org/durm/meetings/meetingdocs/2018_01_25/archives/2018_01_25_Biologics_ClassUpdate.pdf. Accessed March 12, 2019.

3. Food and Drug Administration: Drug Safety Communications. Safety trial finds risk of blood clots in the lungs and death with higher dose of tofacitinib (Xeljanz, Xeljanz XR) in rheumatoid arthritis patients; FDA to investigate. February 2019. https://www.fda.gov/Drugs/DrugSafety/ucm631871.htm. Accessed March 14, 2019.

Appendix 1. Proposed Prior Authorization Criteria

Biologics for Autoimmune Diseases

Goal(s):

- Restrict use of biologics to OHP funded conditions and according to OHP guidelines for use.
- Promote use that is consistent with national clinical practice guidelines and medical evidence.
- Promote use of high value products.

Length of Authorization:

- Up to 12 months

Requires PA:

- All biologics for autoimmune diseases (both pharmacy and physician-administered claims)

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Table 1. Approved and Funded Indications for Biologic Immunosuppressants.

Drug Name	Ankylosing Spondylitis	Crohn's Disease	Juvenile Idiopathic Arthritis	Plaque Psoriasis	Psoriatic Arthritis	Rheumatoid Arthritis	Ulcerative Colitis	Other
Abatacept (ORENCIA)			≥2 yo		≥18 yo	≥18 yo		
Adalimumab (HUMIRA) and biosimilars	≥18 yo	≥6 yo (Humira) ≥18 yo (biosimilars)	≥2 yo(Humira) ≥4 yo (biosimilars)	≥18 yo	≥18 yo	≥18 yo	≥18 yo	Uveitis (non-infectious) ≥2 yo (Humira)
Anakinra (KINERET)						≥18 yo		NOMID
Apremilast (OTEZLA)				≥18 yo	≥18 yo			
Baricitinib (OLUMIANT)						≥18 yo		
Broadalumab				≥18 yo				

(SILIQ)								
Canakinumab (ILARIS)			≥2 yo					FCAS ≥4 yo MWS ≥4 yo TRAPS ≥ 4yo HIDS≥ 4 yo MKD≥ 4 yo FMF≥ 4 yo
Certolizumab (CIMZIA)	≥18 yo	≥18 yo		≥18 yo	≥18 yo	≥18 yo		
Etanercept (ENBREL) and biosimilars	≥18 yo		≥2 yo	≥4 yo (Enbrel) ≥18 yo (biosimilars)	≥18 yo	≥18 yo		
Golimumab (SIMPONI and SIMPONI ARIA)	≥18 yo				≥18 yo	≥18 yo	≥18 yo (Simponi)	
Guselkumab (Tremfya)				≥18 yo				
Infliximab (REMICADE) and biosimilars	≥18 yo	≥6 yo		≥18 yo	≥18 yo	≥18 yo	≥6 yo (Remicade) ≥18 yo (biosimilars)	
Ixekizumab (TALTZ)				≥18 yo	≥18 yo			
Rituximab (RITUXAN)						≥18 yo		CLL ≥18 yo NHL ≥18 yo GPA ≥18 yo Pemphigus Vulgaris ≥18 yo
Sarilumab (KEVZARA)						≥18 yo		
Secukinumab (COSENTYX)	≥18 yo			≥18 yo	≥18 yo			
Tildrakizumab-asmn (ILUMYA)				≥18 yo				
Tocilizumab (ACTEMRA)			≥2 yo			≥18 yo		CRS ≥2 yo GCA ≥18 yo
Tofacitinib (XELJANZ)					≥18 yo	≥18 yo	≥18 yo	
Ustekinumab (STELARA)		≥ 18 yo		≥12 yo	≥18 yo			
Vedolizumab (ENTYVIO)		≥18 yo					≥18 yo	

Abbreviations: CLL = Chronic Lymphocytic Leukemia; CRS = Cytokine Release Syndrome; FCAS = Familial Cold Autoinflammatory Syndrome; FMF = Familial Mediterranean Fever; GCA = Giant Cell Arteritis; GPA = Granulomatosis with Polyangiitis (Wegener's Granulomatosis); HIDS: Hyperimmunoglobulin D Syndrome; MKD = Mevalonate Kinase

Deficiency; MWS = Muckle-Wells Syndrome; NHL = Non-Hodgkin's Lymphoma; NOMID = Neonatal Onset Multi-Systemic Inflammatory Disease; TRAPS = Tumor Necrosis Factor Receptor Associated Periodic

Syndrome; yo = years old.

Approval Criteria		
1. What diagnosis is being treated?	Record ICD-10 code.	
2. Is the diagnosis funded by OHP?	**Yes:** Go to #3	**No:** Pass to RPh. Deny; not funded by the OHP.
3. Is this a request for continuation of therapy?	**Yes**: Go to **Renewal Criteria**	**No:** Go to #4
4. Is the request for a non-preferred product and will the prescriber consider a change to a preferred product? <u>Message</u>: • Preferred products are reviewed for comparative effectiveness and safety by the Oregon Pharmacy and Therapeutics Committee.	**Yes:** Inform prescriber of preferred alternatives.	**No:** Go to #5
5. Has the patient been annually screened for latent or active tuberculosis and if positive, started tuberculosis treatment?	**Yes:** Go to #6	**No:** Pass to RPh. Deny; medical appropriateness. May approve for up to 3 months to allow time for screening.

Approval Criteria		
6. Is the diagnosis Juvenile Idiopathic Arthritis, non-Hodgkin Lymphoma, Chronic Lymphocytic Leukemia, Non-infectious Posterior Uveitis, or one of the following syndromes: • Familial Cold Autoinflammatory Syndrome • Muckel-Wells Syndrome • Neonatal Onset Multi-Systemic Inflammatory Disease • Tumor Necrosis Factor Receptor Associated Periodic Syndrome • Hyperimmunoglobulin D Syndrome • Mevalonate Kinase Deficiency • Familial Mediterranean Fever • Giant Cell Arteritis • Cytokine Release Syndrome AND Is the request for a drug FDA-approved for one of these conditions as defined in Table 1?	**Yes:** Approve for length of treatment.	**No:** Go to #7
7. Is the diagnosis ankylosing spondylitis and the request for a drug FDA-approved for this condition as defined in Table 1?	**Yes:** Go to #8	**No:** Go to #9
8. If the request is for a non-preferred agent, has the patient failed to respond or had inadequate response to a Humira® product or an Enbrel® product after a trial of at least 3 months?	**Yes:** Approve for up to 6 months. Document therapy with dates.	**No:** Pass to RPh. Deny; medical appropriateness.

Approval Criteria		
9. Is the diagnosis plaque psoriasis and the request for a drug FDA-approved for this condition as defined in Table 1? Note: Only treatment for *severe* plaque psoriasis is funded by the OHP.	**Yes:** Go to #10	**No**: Go to #12
10. Is the plaque psoriasis severe in nature, which has resulted in functional impairment (e.g., inability to use hands or feet for activities of daily living, or significant facial involvement preventing normal social interaction) and one or more of the following: • At least 10% body surface area involvement; or • Hand, foot or mucous membrane involvement?	**Yes:** Go to #11	**No:** Pass to RPh. Deny; not funded by the OHP.
11. Has the patient failed to respond or had inadequate response to each of the following first-line treatments: • Topical high potency corticosteroid (e.g., betamethasone dipropionate 0.05%, clobetasol propionate 0.05%, fluocinonide 0.05%, halcinonide 0.1%, halobetasol propionate 0.05%; triamcinolone 0.5%); and • At least one other topical agent: calcipotriene, tazarotene, anthralin; and • Phototherapy; and • At least one other systemic therapy: acitretin, cyclosporine, or methotrexate; and • One biologic agent: either a Humira® product or an Enbrel® product for at least 3 months?	**Yes**: Approve for up to 6 months. Document each therapy with dates.	**No:** Pass to RPh. Deny; medical appropriateness.

Approval Criteria		
12. Is the diagnosis rheumatoid arthritis or psoriatic arthritis and the request for a drug FDA-approved for these conditions as defined in Table 1?	**Yes:** Go to #13	**No:** Go to #17
13. Has the patient failed to respond or had inadequate response to at least one of the following medications: • Methotrexate, leflunomide, sulfasalazine or hydroxychloroquine for ≥ 6 months; or • Have a documented intolerance or contraindication to disease-modifying antirheumatic drugs (DMARDs)? AND • Had treatment failure with at least one biologic agent: a Humira® product or an Enbrel® product for at least 3 months?	**Yes:** Go to #14 Document each therapy with dates. If applicable, document intolerance or contraindication(s).	**No:** Pass to RPh. Deny; medical appropriateness.
14. Is the request for tofacitinib?	**Yes:** Go to #16	**No:** Go to #15
15. Is the patient on concurrent DMARD therapy with plans to continue concomitant use OR does the patient have documented intolerance or contraindication to DMARDs?	**Yes:** Approve for up to 6 months.	**No:** Pass to RPh. Deny; medical appropriateness. Biologic therapy is recommended in combination with DMARDs (e.g. methotrexate) for those who have had inadequate response with DMARDs.

Approval Criteria		
16. Is the patient currently on other biologic therapy or on a potent immunosuppressant like azathioprine, tacrolimus or cyclosporine? Note: Tofacitinib may be used concurrently with methotrexate or other oral DMARD drugs.	**Yes:** Pass to RPh. Deny; medical appropriateness.	**No:** Approve for up to 6 months at a maximum dose of 10 or 11 mg daily for Rheumatoid Arthritis OR 10 mg twice daily for 8 weeks then 5 or 10 mg twice daily for Ulcerative Colitis
17. Is the diagnosis Crohn's disease or ulcerative colitis and the request for a drug FDA-approved for these conditions as defined in Table 1?	**Yes:** Go to #18	**No:** Go to #19
18. Has the patient failed to respond or had inadequate response to at least one of the following conventional immunosuppressive therapies for ≥6 months: • Mercaptopurine, azathioprine, or budesonide; or • Have a documented intolerance or contraindication to conventional therapy? AND • Has the patient tried and failed a 3 month trial of a Humira® product?	**Yes:** Approve for up to 12 months. Document each therapy with dates. If applicable, document intolerance or contraindication(s).	**No:** Pass to RPh. Deny; medical appropriateness.
19. Is the diagnosis Granulomatosis with Polyangiitis or Microscopic Polyangiitis and the requested drug rituximab for *induction or maintenance* of remission?	**Yes:** Approve for length of treatment.	**No:** Pass to RPh. Deny; medical appropriateness.

Renewal Criteria		
1. Is the request for treatment of psoriatic arthritis or rheumatoid arthritis?	**Yes:** Go to #2	**No:** Go to #3
2. Has the patient been adherent to both biologic and DMARD therapy?	**Yes:** Go to #3	**No:** Pass to RPh. Deny; medical appropriateness.
3. Has the patient's condition improved as assessed by the prescribing provider and provider attests to patient's improvement.	**Yes:** Approve for 6 months. Document baseline assessment and provider attestation received.	**No:** Pass to RPh; Deny; medical appropriateness.

P&T/DUR Review: *5/19; 1/19 (DM); 1/18; 7/17; 11/16; 9/16; 3/16; 7/15; 9/14; 8/12*
Implementation: *7/1/2019; 3/1/19; 3/1/18; 9/1/17; 1/1/17; 9/27/14; 2/21/13*

Appendix 2. Coding Information

Table A1. Coding for biologics and DMARDs

Category	HSN	Generic
Biologics for Autoimmune Conditions	037825	abatacept
Biologics for Autoimmune Conditions	033411	abatacept/maltose
Biologics for Autoimmune Conditions	024800	adalimumab
Biologics for Autoimmune Conditions	022953	anakinra
Biologics for Autoimmune Conditions	040967	apremilast
Biologics for Autoimmune Conditions	044296	baricitinib
Biologics for Autoimmune Conditions	037462	belimumab
Biologics for Autoimmune Conditions	044102	brodalumab
Biologics for Autoimmune Conditions	036497	canakinumab/PF
Biologics for Autoimmune Conditions	035554	certolizumab pegol
Biologics for Autoimmune Conditions	018830	etanercept
Biologics for Autoimmune Conditions	036278	golimumab
Biologics for Autoimmune Conditions	044418	guselkumab

Biologics for Autoimmune Conditions	018747	infliximab
Biologics for Autoimmune Conditions	044432	infliximab-abda
Biologics for Autoimmune Conditions	043249	infliximab-dyyb
Biologics for Autoimmune Conditions	043193	ixekizumab
Biologics for Autoimmune Conditions	026750	natalizumab
Biologics for Autoimmune Conditions	016848	rituximab
Biologics for Autoimmune Conditions	044183	sarilumab
Biologics for Autoimmune Conditions	041715	secukinumab
Biologics for Autoimmune Conditions	044823	tildrakizumab-asmn
Biologics for Autoimmune Conditions	036466	tocilizumab
Biologics for Autoimmune Conditions	039768	tofacitinib citrate
Biologics for Autoimmune Conditions	036187	ustekinumab
Biologics for Autoimmune Conditions	036187	ustekinumab
Biologics for Autoimmune Conditions	041146	vedolizumab
Systemic DMARDs	004523	azathioprine
Systemic DMARDs	004524	cyclosporine
Systemic DMARDs	010086	cyclosporine, modified
Systemic DMARDs	007827	acitretin
Systemic DMARDs	003906	methotrexate
Systemic DMARDs	003905	methotrexate sodium
Systemic DMARDs	024819	methotrexate sodium/PF
Systemic DMARDs	040683	methotrexate/PF
Systemic DMARDs	004074	sulfasalazine
Systemic DMARDs	004151	hydroxychloroquine sulfate
Systemic DMARDs	018694	leflunomide
Systemic DMARDs	003908	mercaptopurine

Table A2. Diagnosis Codes for relevant conditions of interest

Condition	**ICD-10 Diagnosis Codes**
Ankylosing spondylitis	M45xxx
Crohn's Disease	K50xxx
Juvenile Idiopathic Arthritis	M08xxx
Plaque psoriasis	L400x-L404x, L408x, L409x
Psoriatic arthritis	L405x
Rheumatoid Arthritis	M05xxx, M06xxx
Ulcerative colitis	K51xxx

Table A3. Days' Supply Estimates for Medical Claims

Procedure Code	Drug Name	Procedure Description	Days' Supply
C9026	vedolizumab	Injection, Vedolizumab, 1 Mg	56 days
C9029	guselkumab	Injection, Guselkumab, 1 Mg	56 days
C9487	ustekinumab	Ustekinumab, For Intravenous Injection, 1 Mg	56 days
J0129	abatacept	Injection, Abatacept, 10 Mg (Code May Be Used For Medicare When Drug Administered Under The Direct S	7 days
J0129	abatacept/maltose	Injection, Abatacept, 10 Mg (Code May Be Used For Medicare When Drug Administered Under The Direct S	28 days
J0135	adalimumab	Injection, Adalimumab, 20 Mg	14 days
J0490	belimumab	Injection, Belimumab, 10 Mg	28 days
J0638	canakinumab/PF	Injection, Canakinumab, 1 Mg	28 days
J0717	certolizumab pegol	Injection, Certolizumab Pegol, 1 Mg (Code May Be Used For Medicare When Drug Administered Under The	28 days
J0718	certolizumab pegol	Injection, Certolizumab Pegol, 1 Mg	28 days
J1438	etanercept	Injection, Etanercept, 25 Mg (Code May Be Used For Medicare When Drug Administered Under The Direct	7 days
J1602	golimumab	Injection, Golimumab, 1 Mg, For Intravenous Use	56 days
J1745	infliximab	Injection, Infliximab, Excludes Biosimilar, 10 Mg	56 days
J2323	natalizumab	Injection, Natalizumab, 1 Mg	28 days
J3262	tocilizumab	Injection, Tocilizumab, 1 Mg	28 days
J3357	ustekinumab	Ustekinumab, For Subcutaneous Injection, 1 Mg	84 days
J3358	ustekinumab	Ustekinumab, For Intravenous Injection, 1 Mg	56 days
J3380	vedolizumab	Injection, Vedolizumab, 1 Mg	56 days
J9310	rituximab	Injection, Rituximab, 100 Mg	168 days
J9312	rituximab	Injection, Rituximab, 10 Mg	168 days
Q2044	belimumab	Injection, Belimumab, 10 Mg	28 days
Q4079	natalizumab	Injection, Natalizumab, 1 Mg	28 days
Q5102	infliximab-abda	Injection, Infliximab, Biosimilar, 10 Mg	56 days
Q5102	infliximab-dyyb	Injection, Infliximab, Biosimilar, 10 Mg	56 days
Q5103	infliximab-dyyb	Injection, Infliximab-Dyyb, Biosimilar, (Inflectra), 10 Mg	56 days
Q5104	infliximab-abda	Injection, Infliximab-Abda, Biosimilar, (Renflexis), 10 Mg	56 days
Q9989	ustekinumab	Ustekinumab, For Intravenous Injection, 1 Mg	56 days