

Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)

Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan



In an effort to help practitioners improve their quality scores on Healthcare Effectiveness Data and Information Set (HEDIS®) measures, Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP) has created this tip sheet for the STAR+PLUS Medicare-Medicaid Plan (MMP) formulary. This tip sheet outlines key aspects of the Disease-Modifying Anti-Rheumatic Drug (DMARD) Therapy for Rheumatoid Arthritis (RA) HEDIS measure, as well as codes associated with this measure and guidance for proper documentation for compliance.

Rheumatoid Arthritis Facts

RA is one of the most common causes of disability among adults in the United States, especially individuals with multiple chronic conditions. The Arthritis Foundation indicates about 1.5 million people in the United States have RA, and nearly three times as many women have the disease as men¹. RA is a serious autoimmune inflammatory disease that results in joint damage, pain and disability that can be modified with appropriate treatment². Centers for Medicare & Medicaid Services (CMS) considers DMARD therapy in patients with RA an important quality measure that should be monitored.

HEDIS Specifications	
Description: The percentage of members 18 years of age and older who were diagnosed with RA and who were dispensed at least one ambulatory prescription for a DMARD.	
Medications for patients with RA diagnosis: ART-C: DMARDs. ³ See following page for Superior's formulary medications.	
5-Aminosalicylates	<ul style="list-style-type: none"> Sulfasalazine
Alkylating agents	<ul style="list-style-type: none"> Cyclophosphamide
Aminoquinolines	<ul style="list-style-type: none"> Hydroxychloroquine
Anti-rheumatics	<ul style="list-style-type: none"> Auranofin Leflunomide Penicillamine Methotrexate
Immunomodulators	<ul style="list-style-type: none"> Abatacept Adalimumab Anakinra Certolizumab Certolizumab pegol Etanercept Golimumab Infliximab Rituximab Sarilumab Tocilizumab
Immunosuppressive agents	<ul style="list-style-type: none"> Azathioprine Cyclosporine Mycophenolate
Janus kinase (JAK) inhibitor	<ul style="list-style-type: none"> Tofacitinib Baricitinib
Tetracyclines	<ul style="list-style-type: none"> Minocycline

¹ <https://www.arthritis.org/about-arthritis/types/rheumatoid-arthritis/what-is-rheumatoid-arthritis.php>, Accessed 10/18/2019.

² American College of Rheumatology. www.rheumatology.org, "The rheumatologist's role in the treatment of rheumatoid arthritis", Last updated March 2019.

³ Technical Specifications for Health Plans, HEDIS 2020, Volume 2.

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Superior Formulary Guide for DMARDs - MMP 2020**				
Generic Name	Brand Name	Strengths	Formulary	Additional Information
Sulfasalazine	Azulfidine	500mg, DR 500mg	Formulary	
Cyclophosphamide*	Cytoxan	25mg, 50mg	Formulary	J8530
Hydroxychloroquine	Plaquenil	200mg	Formulary	
Auranofin	Ridaura	3mg capsule	Formulary	
Leflunomide	Arava	10mg, 20mg	Formulary	
Penicillamine	Depen	250mg	Formulary	
Methotrexate	Rheumatrex	1gm/40mL, 50mg/2mL, 250mg/10mL 1gm inj.; 2.5mg, 5mg, 7.5mg, 10mg, 15mg tab	Formulary	J9250, J9260
Abatacept	Orencia	12mg/mL, 250mg	Non-formulary	J0129
Certolizumab	Cimzia	2 x 200mg/mL prefilled, 6x200 starter kit; 400mg powder kit for injection	Non-formulary	J0717
Certolizumab Pegol	Cimzia	2 x 200mg/mL prefilled, 6x200 starter kit; 400mg powder kit for injection	Non-formulary	J0717
Tocilizumab	Actemra	80mg/4mL, 200mg/10mL, 400mg/20mL, 162mg/0.9mL	Formulary	Prior authorization required J3262
Adalimumab	Humira	40mg/0.8mL pen or inj., 10mg/0.2mL, 20mg/0.4mL	Formulary	Prior authorization required J0135
Infliximab; DYYB, ABDA	Remicade	100mg inj.	Formulary	Prior authorization required J1745, Q5102, Q5103, Q5104
Sarilumab	Kevzara	150mg/1.14mL prefilled pen/syringe; 200mg/1.14mL prefilled pen/syringe	Formulary	Prior authorization required J3590
Anakinra	Kineret	100mg/0.67mL inj.	Non-formulary	J3490, J3590
Etanercept	Enbrel	sure click 50mg/mL, 25mg/0.5mL; 25mg inj., 50mg/mL inj.	Formulary	Prior authorization required J1438
Rituximab	Rituxan	500mg/5mL	Formulary	J9310
Azathioprine*	Azasan, Imuran	50mg, 75mg, 100mg tablets, 100mg injection	Formulary	J7500
Cyclosporine*	Neoral, Sandimmune, Gengraf	25mg, 100mg (25mg, 50mg, 100mg modified), 100mg, 250/5mL, 50mg/mL, 100mg/mL	Formulary	J7502, J7515, J7516
Mycophenolate*	Cellcept	250mg, 500mg, 200mg/mL	Formulary	J7517, J7518
Minocycline	Minocin	50mg, 75mg, 100mg	Formulary	
Golimumab	Simponi SOAJ, SOSY, Simponi Aria	50mg/4mL, 50mg/0.5mL, 100mg/mL	Formulary	Prior authorization required; J1602
Baricitinib	Olumiant	2mg tablet	Formulary	Prior authorization required
Tofacitinib	Xeljanz, Xeljanz XR	5mg, 11mg tablet	Formulary	Prior authorization required; J3490

*This medication qualifies for both medical (Part B) and retail (Part D) coverage. An administrative prior authorization is required.

**The medication status is subject to change; for the most recent information please refer to the MMP Prescription Drug Formulary found at MMP.SuperiorHealthPlan.com/mmp/prescription-drug-part-d/formulary.html.

Questions

If you have questions about this tip sheet, or wish to speak with a Superior pharmacist, please contact the Superior Pharmacy Department at 1-800-218-7453, ext. 22272, or by email at SHP_PharmacyMedicare@centene.com.