Anti-Tumor Necrosis Factor – Alpha (TNF-a)

Adjudication Guideline

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1. Abstract

1.1 For Members

Tumor necrosis factor (TNF-alpha) is a protein molecule that promotes the inflammatory response, which in turn causes many of the clinical problems associated with autoimmune disorders. These disorders are sometimes treated by using Anti-TNF alpha drugs.

Anti-tumor necrosis factor drugs are a class of drugs that have been used worldwide to treat inflammatory conditions such as rheumatoid arthritis, psoriatic arthritis, juvenile arthritis, Crohn's colitis, ankylosing spondylitis and psoriasis. These drugs can reduce inflammation and stop disease progression.

Serious side effects that have been most extensively related to TNF blockers include lymphoma, infections (sometimes severe like tuberculosis, septicemia), congestive heart failure, and injection site reactions.

1.2 For Medical Professionals

This Adjudication Rule highlights the coverage of Anti-Tumor Necrosis Factor Alpha (Anti TNF-α) which includes Adalimumab, Infliximab, Golimumab, Certolizumab and Etanercept.

Daman covers Anti-TNF alpha when prescribed by a physician of appropriate specialty, and as per policy terms and conditions for each health insurance plan administered by Daman.

2. Scope

This adjudication rule highlights the coverage of Anti-TNF alpha medications, which are approved for the treatment of inflammatory conditions, according to the guidelines and international best practice.

Approval of the TNF- alpha inhibitors will be subjected upon the questionnaire and attached documents requested by Daman.

Five recommended and widely used anti-TNF alpha drugs have been developed and introduced to clinical medicine:

- Infliximab
- Adalimumab
- Golimumab
- Certolizumab
- Etanercept

All Five agents have been approved for the use in the treatment of:

Generic Name	Adalimumab	Certolizumab	Etanercept	Infliximab	Golimumab
Medical condition	Rheumatoid Arthritis	Rheumatoid Arthritis	Rheumatoid Arthritis	Rheumatoid Arthritis	Rheumatoid Arthritis
	Juvenile Idiopathic Arthritis	Juvenile Idiopathic Arthritis	Juvenile Psoriatic Arthritis	Ankylosing Spondylitis	Psoriatic Arthritis
	Psoriatic Arthritis	Psoriatic Arthritis	Psoriatic Arthritis	Psoriatic Arthritis	Ankylosing Spondylitis
	Ankylosing Spondylitis	Ankylosing Spondylitis	Plaque Psoriasis	Plaque Psoriasis	Ulcerative Colitis
	Crohn's Disease	Crohn's Disease	Pediatric Plaque Psoriasis	Crohn's Disease	
	Ulcerative Colitis	Non-Radiographic Axial Spondylarthritis	Ankylosing Spondylitis	Pediatric Crohn's disease	
	Plaque Psoriasis			Ulcerative Colitis	
	Hidradenitis Suppurativa			Pediatric Ulcerative Colitis	
	Uveitis				

3. Adjudication Policy

3.1 Eligibility / Coverage Criteria

All the above-mentioned Anti-TNF medications (Infliximab, Adalimumab, Golimumab, Certolizumab and Etanercept) are covered for all Daman plans, except for Visitor's plan. Coverage of these drugs for Abu Dhabi plan depends on HAAD basic drug list effective at the time of prescription.

Food and Drug administration stated that Anti-TNFα can lead to serious infections (like; TB and malignancy), and the patient should be fully aware about both serious side effects before taking the medication.

Daman will cover ANTI-TNF-α for the above-mentioned diagnosis when prescribed by a physician of appropriate specialty. They are used only after the failure of other management plans. Severity of those cases should be proven and documented properly.

Current medical references and regulatory guidelines emphasize the importance of initiating therapy with biosimilar products for patients who have not yet undergone biological treatments.

3.2 Requirements for Coverage

ICD and CPT codes must be coded to the highest level of specificity.

3.3 Non-Coverage

Anti TNF-α is not covered for Visitor's Plan. Coverage of these drugs for Abu Dhabi plan depends on HAAD basic drug list effective at the time of prescription.

3.4 Payment and Coding Rules

Please apply HAAD payment rules and regulations and relevant coding manuals for ICD, CPT, etc.

4. Denial Codes

Code	Code Description
MNEC-003	Service is not clinically indicated based on good clinical practice
NCOV-003	Service(s) is (are) not covered
CODE-010	Activity/Diagnosis inconsistence with clinician Speciality
MNEC-004	Service is not clinically indicated based on good clinical practice, without additional supporting diagnosis/activities.
CODE-014	Activity/diagnosis is inconsistent with the patient age
AUTH-001	Prior approval is required and was not obtained

5. Appendices

5.1 References

https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/125057s423lbl.pdf
https://www.accessdata.fda.gov/drugsatfda_docs/label/2024/103795s5600lbl.pdf
https://www.accessdata.fda.gov/drugsatfda_docs/label/2021/103772s5401lbl.pdf
https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/125289s150lbl.pdf
https://www.accessdata.fda.gov/drugsatfda_docs/label/2024/125160s275lbl.pdf
https://www.medicines.org.uk/emc/product/3831/smpc#gref
American College of Rheumatology
The European League Against Rheumatism (EULAR)
NICE guidelines
The British Medical Journal
http://www.basdai.com
http://www.asas-group.org/clinical-instruments.php?id=01

5.2 Revision History

Date	Version No.	Change(s)
15/7/2014	V1.0	Creation of Adjudication Guideline-External Instruction Template.
30/12/2021	V2.0	Criteria Update
09/08/2023	V3.0	Template updated
05/11/2024	V4.0	table of medical conditions added, denial codes, eligibility and coverage criteria update – Biosimilar use
29/11/2025	V5.0	Guideline review/ No changes- Pre-requisite form added

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Drug Pre-requisite Form- Biologic Therapy

(Kindly note that filling all the fields below is mandatory)

Patient's details:

Patient's Name: ……	**Date of Birth:** ……
Gender: M : ◯ **F :** ◯	**Weight:** ……

Diagnosis and Drug Request details:

1. Date of request: ……

2. Please mark the type of request:

- ☐ Initiation (section 1-10)
- ☐ Refill (section 11)
- ☐ Switch (section 12)
- ☐ Dose/frequency changes (section 13)

3. Current Diagnosis:

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……
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……
……

4. History of the illness:

- Onset:

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- Presenting Features:

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- Diagnostic Tests:

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.....

- Initial Therapy:

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5. Past Medical History:

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6. Please clarify if the patient has a current or a history of any of the following diseases:

☐ Tuberculosis
☐ Hepatitis B or C
☐ HIV

If "YES" kindly specify and list the current given treatment:

.....
.....
.....
.....
.....

Kindly note that it is mandatory to attach laboratory reports for the diseases

Any reports attached: Yes: ◯ No: ◯

7. Kindly choose the Diagnosis-related score:

- ☐ DAS 28 .....
- ☐ ASDAS-CRP/BASDA .....
- ☐ PASI /BSA.....
- ☐ CDAI/ PCDAI ..... (if applicable)
- ☐ PsARC /DAPSA.....
- ☐ UCDAI/PUCAI ..... (if applicable)
- ☐ JIA assessment .....

8. Received Medication history (kindly specify and NSAIDs/DMARDs/ Or others):

Drug name	From - To	Duration (by month)
	-	months
	-	months
	-	months
	-	months
	-	months
	-	months
	-	months

9. Radiological Findings " if applicable" (Recent and previous reports that confirms the progression of the disease):

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Kindly attach the reports if available:

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10. Medical Justification to start Biologic DMARDs Drugs:

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11. In case of refill requests, kindly clarify the effect/response of the Biologic DMARDs agent supported by the following:

- **A.** Diagnostic Score readings post biologics administration.
- **B.** Recent relevant laboratory tests and results
- **C.** Duration of administration (3 months, 6 months)
- **D.** Any Adverse events, if yes, please specify
- **E.** Lack/Loss of benefit (eg. Not responding to Biologic DMARDs drugs)

A = ...

B = ...

C = ...

D = ...

E = ...

12. In case of switching between DMARDs, kindly clarify the following:

☐ Indications for switching:

.....

.....

.....

☐ Recent disease score:

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☐ Recent relevant laboratory tests and results:

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13. In case of Dose or Frequency changes:

☐ Indications to change the dose/frequency or re-induce:

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☐ Recent disease score:

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☐ Recent relevant laboratory tests and results:

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