

**POLICY NAME**

Hidradenitis Suppurativa Immunomodulator

**POLICY #**

## Criteria

### Exclusion Criteria – Any of the following prevents coverage

- ☐ **3.1** Patients with active infections, latent tuberculosis, or symptomatic or deteriorating congestive heart failure
- ☐ **3.2** Off-label (non-FDA approved) dosing frequencies
- ☐ **3.3** Health Alliance Does not cover concurrent therapy with other immunomodulators based upon the possible increased risk for infections and other potential pharmacological interactions
- ☐ **3.4** Only certain NDCs of adalimumab biosimilars will be considered for coverage, please reference most recent formulary file for covered NDCs

### Coverage Criteria of Preferred Products (Covered adalimumab biosimilars)

- ☐ **1.1** Diagnosis of moderate to severe Hidradenitis Suppurativa
- ☐ **1.2** Prescribed by or in consultation with a Dermatologist (skin doctor)
- ☐ **1.3** Documented failure, intolerance, or contraindication to topical (applied to the skin) clindamycin therapy
- ☐ **1.4** Documented failure, intolerance, or contraindication to oral (taken by mouth) doxycycline, minocycline, or clindamycin therapy

## Coverage Criteria of Non-Preferred Products (Cosentyx, Bimzelx)

- ☐ **2.1** Diagnosis of moderate to severe Hidradenitis Suppurativa

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- ☐ **2.2** Prescribed by or in consultation with a Dermatologist (skin doctor)

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- ☐ **2.3** Documented failure, intolerance, or contraindication to topical (applied to the skin) clindamycin therapy

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- ☐ **2.4** Documented failure, intolerance, or contraindication to oral (taken by mouth) doxycycline, minocycline, or clindamycin therapy

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- ☐ **2.5** Previous trial and failure, contraindication or intolerance to a covered adalimumab biosimilar