

**POLICY NAME**

Non-Radiographic Axial Spondyloarthritis

**POLICY #**

3170P

## Criteria

### Coverage Criteria for Preferred Product (Cimzia)

- ☐ 1.1 Diagnosis of Non-radiographic axial spondyloarthritis
- ☐ 1.2 Prescribed by or in consultation with a rheumatologist (musculoskeletal doctor)
- ☐ 1.3 Age 18 years or older
- ☐ 1.4 Documented failure, intolerance, or contraindication to at least two formulary anti-inflammatory drugs during a single three month period (such as naproxen, celecoxib, ibuprofen)

### Coverage Criteria for Preferred Product with Single Step (Rinvoq)

- ☐ 2.1 Diagnosis of Non-radiographic axial spondyloarthritis
- ☐ 2.2 Prescribed by or in consultation with a rheumatologist (musculoskeletal doctor)
- ☐ 2.3 Age 18 years or older
- ☐ 2.4 Documented failure, intolerance, or contraindication to at least two formulary anti-inflammatory drugs during a single three month period (such as naproxen, celecoxib, ibuprofen)
- ☐ 2.5 Documented failure to respond to a minimum 3 month trial, intolerance, or contraindication to a TNF inhibitor (such as Cimzia)

### Coverage Criteria for Non-Preferred Product with Single Step (Taltz)

- ☐ **3.1** Diagnosis of Non-radiographic axial spondyloarthritis
- ☐ **3.2** Prescribed by or in consultation with a rheumatologist (musculoskeletal doctor)
- ☐ **3.3** Age 18 years or older
- ☐ **3.4** Documented failure, intolerance, or contraindication to at least two formulary anti-inflammatory drugs during a single three month period (such as naproxen, celecoxib, ibuprofen)
- ☐ **3.5** Documented failure to respond to a minimum 3 month trial, intolerance, or contraindication to Cimzia or Rinvoq

### Coverage Criteria for Non-Preferred Product with Triple Step (Bimzelx, Cosentyx IV and Sub-Q)

- ☐ **4.1** Diagnosis of Non-radiographic axial spondyloarthritis
- ☐ **4.2** Prescribed by or in consultation with a rheumatologist (musculoskeletal doctor)
- ☐ **4.3** Age 18 years or older
- ☐ **4.4** Documented failure, intolerance, or contraindication to at least two formulary anti-inflammatory drugs during a single three month period (such as naproxen, celecoxib, ibuprofen)
- ☐ **4.5** Documented failure to respond to a minimum 3 month trial, intolerance, or contraindication to ALL of the following:
  - Cimzia
  - Rinvoq
  - Taltz