Pharmacy Drug Policy & Procedure

Policy Name:	Hidradenitis Suppurativa Immunomodulator Therapies	Policy#:	3375P

Purpose of the Policy

The purpose of this policy is to define coverage criteria for coverage of immunomodulators used in the treatment of Hidradenitis Suppurativa for new starts to therapy.

Statement of the Policy

Health Alliance Medical Plans will approve the use of covered adalimumab biosimilars, Cosentyx or Bimzelx under the applicable specialty benefit if the following criteria are met.

Criteria

1. 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

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

2.1 Diagnosis of moderate to severe Hidradenitis Suppurativa
2.2 Prescribed by or in consultation with a Dermatologist (skin doctor)
2.3 Documented failure, intolerance, or contraindication to topical (applied to the skin) clindamycin therapy
2.4 Documented failure, intolerance, or contraindication to oral (taken by mouth) doxycycline, minocycline, or clindamycin therapy
2.5 Previous trial and failure, contraindication or intolerance to a covered adalimumab biosimilar

3. Exclusion Criteria

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

4. Approval Period

4.1 Initial: 12 months
4.2 Reauthorization: 12 months with documented clinical benefit from therapy

CPT Codes

HCPCS Codes	

References

1. Alikhan A, Sayed C, Alavi A, et al. North American clinical management guidelines for hidradenitis suppurativa: A publication from the United States and Canadian Hidradenitis Suppurativa Foundations: Part II: Topical, intralesional, and systemic medical management. J Am Acad Dermatol. 2019 Jul;81(1):91-101.

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