

## POLICY NAME

Psoriatic Arthritis Immunomodulator Therapies

## POLICY #

2751P

## Criteria

**Coverage Criteria of Preferred Products (Cimzia, covered adalimumab biosimilars, Enbrel, Otezla, Simponi, Simponi Aria, Skyrizi, covered ustekinumab biosimilars, Tremfya)**

- ☐ Diagnosis of Psoriatic Arthritis
- ☐ Ordered by a rheumatologist (musculoskeletal doctor) or dermatologist (skin doctor)
- ☐ Age 18 years or older (age 2 years or older for Simponi Aria or Enbrel, age 6 years or older for ustekinumab)

**Coverage Criteria of Preferred Products with Single Step Edit (Rinvoq, Xeljanz/XR)**

- ☐ Diagnosis of Psoriatic Arthritis
- ☐ Ordered by a rheumatologist (musculoskeletal doctor) or dermatologist (skin doctor)
- ☐ Age 18 years or older (age 2 years or older for Rinvoq)
- ☐ Documented failure to respond to a minimum 3 month trial or intolerance to one or more TNF inhibitors (such as Cimzia, Simponi, Enbrel)

**Coverage Criteria of Non-Preferred Products with Single Step-Edit (Taltz)**

- ☐ Diagnosis of Psoriatic Arthritis
- ☐ Ordered by a rheumatologist (musculoskeletal doctor) or dermatologist (skin doctor)
- ☐ Age 18 years or older

- ☐ Documented failure to respond to a minimum 3 month trial, intolerance, or contraindication to any ONE of the following:
  - Cimzia
  - Covered adalimumab biosimilars
  - Enbrel
  - Simponi
  - Covered ustekinumab biosimilars
  - Tremfya
  - Skyrizi
  - Rinvoq
  - Xeljanz/XR Pharmacy Drug Policy & Procedure

### Coverage Criteria of Non-Preferred Products with Double Step Edit (Orencia IV or Sub-Q)

- ☐ Diagnosis of Psoriatic Arthritis
- ☐ Ordered by a rheumatologist (musculoskeletal doctor) or dermatologist (skin doctor)
- ☐ Age 2 years or older
- ☐ Documented failure to respond to a minimum 3 month trial, intolerance, or contraindication to any TWO of the following:
  - Cimzia
  - Covered adalimumab biosimilars
  - Enbrel
  - Simponi
  - Covered ustekinumab biosimilars
  - Tremfya
  - Skyrizi
  - Rinvoq
  - Xeljanz/XR

### Coverage Criteria of Non-Preferred Products with Quadruple Step-Edit (Bimzelx, Cosentyx IV or Sub-Q)

- ☐ Diagnosis of Psoriatic Arthritis
- ☐ Ordered by a rheumatologist (musculoskeletal doctor) or dermatologist (skin doctor)
- ☐ Age 2 years or older

- ☐ Documented failure to respond to a minimum 3 month trial, intolerance, or contraindication to any TWO of the following:
  - Cimzia
  - Covered adalimumab biosimilars
  - Enbrel
  - Simponi
  - Skyrizi
  - Covered ustekinumab biosimilars
  - Tremfya
  - Xeljanz/XR
  - Rinvoq

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- ☐ Documented failure to respond to a minimum 3 month trial, intolerance, or contraindication to BOTH of the following:
  - Taltz
  - Orencia

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

- ☐ Allergic reaction to murine proteins or humanized monoclonal antibody

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- ☐ Inadequate response to initial or previous therapy with requested immunomodulator

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- ☐ Patients with active infections, latent tuberculosis, or symptomatic or deteriorating congestive heart failure

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- ☐ Off-label (non FDA approved) dosing frequencies

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- ☐ Health Alliance Northwest does not cover more than one biologic immunomodulatory at a time because of possible increased risk for infections and potential drug interactions

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- ☐ Only certain NDCs of biosimilars will be considered for coverage, please reference most recent formulary file for covered NDCs