

**POLICY NAME**

Ankylosing Spondylitis Immunomodulator

**POLICY #**

2745P

## Criteria

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

- ☐ 5.1 Allergic reaction to murine proteins or humanized monoclonal antibody
- ☐ 5.2 Inadequate response to initial or previous therapy with requested immunomodulator
- ☐ 5.3 Patients with active infections latent tuberculosis, or symptomatic or deteriorating congestive heart failure
- ☐ 5.4 Off-label (non FDA approved) dosing frequencies
- ☐ 5.5 Health Alliance Northwest does not cover therapy with more than one biologic immunomodulator medication at one time because of the possible increased risk for infections and other drug
- ☐ 5.6 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 (Cimzia, covered adalimumab biosimilars, Enbrel, Simponi, Simponi Aria)

- ☐ 1.1 Diagnosis of ankylosing spondylitis or other spondyloarthropathy (any of a family of long-term, or chronic diseases of joints)
- ☐ 1.2 Ordered by 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 (celecoxib, diclofenac, others)

## Coverage Criteria of Preferred Products with a Single Step Edit (Xeljanz, Rinvoq)

- ☐ **2.1** Diagnosis of ankylosing spondylitis or other spondyloarthropathy (any of a family of long-term, or chronic diseases of joints)
- ☐ **2.2** Ordered by 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 (celecoxib, diclofenac, others)
- ☐ **2.5** Documented failure to respond to a minimum 3 month trial, intolerance, or contraindication to ONE or more TNF inhibitors (such as Cimzia, Enbrel, Simponi, etc)

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

- ☐ **3.1** Diagnosis of ankylosing spondylitis or other spondyloarthropathy
- ☐ **3.2** Ordered by 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.
- ☐ **3.5** 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
  - Rinvoq
  - Xeljanz/XR

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

- ☐ **4.1** Diagnosis of ankylosing spondylitis or other spondyloarthropathy (any of a family of long-term, or chronic diseases of joints)

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- ☐ **4.2** Ordered by a Rheumatologist (musculoskeletal doctor)

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- ☐ **4.3** Age 18 years or older

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- ☐ **4.4** Documented failure, intolerance, or contraindication to at least two formulary anti-inflammatory drugs during a single three month period (celecoxib, diclofenac, others)

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

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- ☐ **4.6** Documented failure to respond to a minimum 3 month trial, intolerance, or contraindication to Taltz