

POLICY NAME

Rheumatoid Arthritis Immunomodulator

POLICY #

2747P

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 more than one biologic immunomodulator at a time because of the possible increased risk for infections and other potential drug interactions
- ☐ 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, Enbrel, covered adalimumab biosimilars, Simponi, Simponi Aria)

- ☐ 1.1 Diagnosis of Rheumatoid Arthritis
- ☐ 1.2 Prescribed by a rheumatologist (musculoskeletal doctor)
- ☐ 1.3 Age 18 years or older
- ☐ 1.4 Documented failure to respond to a minimum 3 month trial, intolerance, or contraindication to a DMARD (Disease Modifying Anti-Rheumatic Drug):
 - methotrexate, Arava (leflunomide), Plaquenil (hydroxychloroquine), or sulfasalazine

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

- ☐ **2.1** Diagnosis of rheumatoid arthritis

- ☐ **2.2** Ordered by a rheumatologist (musculoskeletal doctor)

- ☐ **2.3** Age 18 years or older

- ☐ **2.4** Documented failure to respond to a minimum 3 month trial, intolerance, or contraindication to a DMARD (Disease Modifying Anti-Rheumatic Drug): methotrexate, Arava (leflunomide), Plaquenil (hydroxychloroquine), or sulfasalazine

- ☐ **2.5** Documented failure to respond to a minimum 3 month trial, intolerance, or contraindication to one or more TNF inhibitors (such as Cimzia, Simponi, Enbrel)

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

- ☐ **3.1** Diagnosis of Rheumatoid Arthritis

- ☐ **3.2** Prescribed by a rheumatologist (musculoskeletal doctor)

- ☐ **3.3** Age 18 years or older

- ☐ **3.4** Documented failure to respond to a minimum 3 month trial, intolerance, or contraindication to a DMARD (Disease Modifying Anti-Rheumatic Drug): methotrexate, Arava (leflunomide), Plaquenil (hydroxychloroquine), or sulfasalazine

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

Coverage Criteria of Non Preferred Products with Quadruple Step Edit (Kevzara, Kineret, and Olumiant)

- ☐ **4.1** Diagnosis of Rheumatoid Arthritis

- ☐ **4.2** Prescribed by a rheumatologist (musculoskeletal doctor)

- ☐ **4.3** Age 18 years or older

- ☐ **4.4** Documented failure to respond to a minimum 3 month trial, intolerance, or contraindication to a DMARD (Disease Modifying Anti-Rheumatic Drug):
 - methotrexate, Arava (leflunomide), Plaquenil (hydroxychloroquine), or sulfasalazine

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

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