

<b>POLICY NAME</b>	Hidradenitis Suppurativa Immunomodulator	<b>POLICY #</b>	3375P
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## Criteria

### Coverage Criteria of Preferred Products (Covered adalimumab biosimilars)

- ☐ Diagnosis of moderate to severe Hidradenitis Suppurativa
- ☐ Prescribed by or in consultation with a Dermatologist (skin doctor)
- ☐ Documented failure, intolerance, or contraindication to topical (applied to the skin) clindamycin therapy
- ☐ Documented failure, intolerance, or contraindication to oral (taken by mouth) doxycycline, minocycline, or clindamycin therapy

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

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

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

- ☐ Patients with active infections, latent tuberculosis, or symptomatic or deteriorating congestive heart failure
- ☐ Off-label (non-FDA approved) dosing frequencies
- ☐ Health Alliance Does not cover concurrent therapy with other immunomodulators based upon the possible increased risk for infections and other potential pharmacological interactions
- ☐ Only certain NDCs of adalimumab biosimilars will be considered for coverage, please reference most recent formulary file for covered NDCs