

POLICY NAME	Polyarticular Juvenile Idiopathic Arthritis	POLICY #	2746P
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Criteria

Coverage Criteria of Preferred Products (covered adalimumab biosimilars, Simponi Aria, Enbrel, Cimzia)

- ☐ Diagnosis of Polyarticular Juvenile Idiopathic Arthritis
- ☐ Ordered by a Rheumatologist (musculoskeletal doctor)
- ☐ Age 2 years or older
- ☐ Documented failure to respond to a minimum 3-month trial, intolerance, or contraindication to methotrexate

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

- ☐ Diagnosis of Polyarticular Juvenile Idiopathic Arthritis
- ☐ Ordered by a Rheumatologist (musculoskeletal doctor)
- ☐ Age 2 years or older
- ☐ Documented failure to respond to a minimum 3-month trial, intolerance, or contraindication to methotrexate
- ☐ Documented failure to respond to a minimum 3-month trial, intolerance, or contraindication to one or more TNF inhibitors (e.g. Enbrel)

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

- ☐ Diagnosis of Polyarticular Juvenile Idiopathic Arthritis
- ☐ Ordered by a Rheumatologist (musculoskeletal doctor)
- ☐ Age 2 years or older
- ☐ Documented failure to respond to a minimum 3-month trial, intolerance, or contraindication to methotrexate

- ☐ Documented failure to respond to a minimum 3-month trial, intolerance, or contraindication to any TWO of the following:
 - Covered adalimumab biosimilars
 - Enbrel
 - Cimzia
 - Xeljanz
 - Rinvoq Pharmacy Drug Policy & Procedure Statement of the Policy Criteria References

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

- ☐ Diagnosis of Polyarticular Juvenile Idiopathic Arthritis
- ☐ Ordered by a Rheumatologist (musculoskeletal doctor)
- ☐ Age 2 years or older
- ☐ Documented failure to respond to a minimum 3-month trial, intolerance, or contraindication to methotrexate
- ☐ Documented failure to respond to a minimum 3-month trial, intolerance, or contraindication to Actemra and Orencia and TWO of the following:
 - Covered adalimumab biosimilars
 - Enbrel
 - Cimzia
 - Xeljanz
 - Rinvoq

Exclusion Criteria – Any of the following prevents coverage

- ☐ Allergic reaction to murine proteins or humanized monoclonal antibody
- ☐ Inadequate response to initial or previous therapy with requested immunomodulator
- ☐ 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 more than one immunomodulator at a time because of the possible increased risk for infections and other potential drug interactions
- ☐ Only certain NDCs of adalimumab biosimilars will be considered for coverage, please reference most recent formulary file for covered NDCs