

POLICY NAME	Ankylosing Spondylitis Immunomodulator	POLICY #	2745P
--------------------	--	-----------------	-------

Criteria

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

- ☐ Diagnosis of ankylosing spondylitis or other spondyloarthropathy (any of a family of long-term, or chronic diseases of joints)
- ☐ Ordered by a Rheumatologist (musculoskeletal doctor)
- ☐ Age 18 years or older
- ☐ 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)

- ☐ Diagnosis of ankylosing spondylitis or other spondyloarthropathy (any of a family of long-term, or chronic diseases of joints)
- ☐ Ordered by a Rheumatologist (musculoskeletal doctor)
- ☐ Age 18 years or older
- ☐ Documented failure, intolerance, or contraindication to at least two formulary anti-inflammatory drugs during a single three month period (celecoxib, diclofenac, others)
- ☐ 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)

- ☐ Diagnosis of ankylosing spondylitis or other spondyloarthropathy
- ☐ Ordered by a Rheumatologist (musculoskeletal doctor)
- ☐ Age 18 years or older
- ☐ Documented failure, intolerance, or contraindication to at least two formulary anti-inflammatory drugs during a single three month period.

- ☐ 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)

- ☐ Diagnosis of ankylosing spondylitis or other spondyloarthropathy (any of a family of long-term, or chronic diseases of joints)
- ☐ Ordered by a Rheumatologist (musculoskeletal doctor)
- ☐ Age 18 years or older
- ☐ Documented failure, intolerance, or contraindication to at least two formulary anti-inflammatory drugs during a single three month period (celecoxib, diclofenac, others)
- ☐ 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
- ☐ Documented failure to respond to a minimum 3 month trial, intolerance, or contraindication to Taltz

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 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



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