

<b>POLICY NAME</b>	Non-Radiographic Axial Spondyloarthritis	<b>POLICY #</b>	3170P
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## Criteria

### Coverage Criteria for Preferred Product (Cimzia)

- ☐ Diagnosis of Non-radiographic axial spondyloarthritis
- ☐ Prescribed by or in consultation with 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 (such as naproxen, celecoxib, ibuprofen)

### Coverage Criteria for Preferred Product with Single Step (Rinvoq)

- ☐ Diagnosis of Non-radiographic axial spondyloarthritis
- ☐ Prescribed by or in consultation with 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 (such as naproxen, celecoxib, ibuprofen)
- ☐ Documented failure to respond to a minimum 3 month trial, intolerance, or contraindication to a TNF inhibitor (such as Cimzia)

### Coverage Criteria for Non-Preferred Product with Single Step (Taltz)

- ☐ Diagnosis of Non-radiographic axial spondyloarthritis
- ☐ Prescribed by or in consultation with 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 (such as naproxen, celecoxib, ibuprofen)
- ☐ Documented failure to respond to a minimum 3 month trial, intolerance, or contraindication to Cimzia or Rinvoq

## Coverage Criteria for Non-Preferred Product with Triple Step (Bimzelx, Cosentyx IV and Sub-Q)

- ☐ Diagnosis of Non-radiographic axial spondyloarthritis

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- ☐ Prescribed by or in consultation with a rheumatologist (musculoskeletal doctor)

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- ☐ Age 18 years or older

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- ☐ Documented failure, intolerance, or contraindication to at least two formulary anti-inflammatory drugs during a single three month period (such as naproxen, celecoxib, ibuprofen)

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- ☐ Documented failure to respond to a minimum 3 month trial, intolerance, or contraindication to ALL of the following:
  - Cimzia
  - Rinvoq
  - Taltz